

Claim Form

At Intasure we appreciate how stressful a claim can be and we aim to make the process as quick and painless as possible. Please remember to attach any documents, accounts or original purchase receipts in order that we can deal with your claim as promptly as possible. If you require any assistance in completing this form then please do not hesitate to contact the **Claims Team** on **0345 111 0672** between 9am and 5pm Monday to Friday.

SECTION 1 - Details of Policyholder and Policy

Name		Address of Property Insured (if different)	
Address			
	Postcode		
Email Address		Postcode	
Home Tel		Policy No.	
Mobile Tel		Are you registered for VAT? <input type="checkbox"/> NO <input type="checkbox"/> YES	

SECTION 2 - Details of when, where and how Loss/Damage occurred

Date of Loss/Damage <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	State fully the description and cause of the Loss/Damage and how it occurred: (Theft or Water Damage is not sufficient - full circumstances are necessary) (if theft from a building, please give details of how entry was gained)
Where did Loss/Damage occur?	
Who discovered it and when?	
Were the premises unoccupied at the time of the loss? <input type="checkbox"/> NO <input type="checkbox"/> YES	
When were they last occupied prior to this incident?	

IF THE PROPERTY WAS LOST, STOLEN, MALICIOUSLY DAMAGED OR VANDALISED, PLEASE ANSWER THE FOLLOWING QUESTIONS

Were the Police notified? <input type="checkbox"/> NO <input type="checkbox"/> YES
If YES, when and at what Police station?
Police Reference
Please describe the measures taken to secure/protect the property which has been lost/stolen prior to the incident

If caused by someone who is not a member of your household e.g. Tradesman / Third Party please provide name and address.

Name	
Address	
Postcode	

