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 5.30pm Monday to Friday.

SECTION 1 - Details of Policyholder and Policy	
Name	Address of Property Insured (if different)
Address	
Postcode	Postcode
Email Address	
Home Tel	Policy No.
Mobile Tel	Are you registered for VAT? NO YES
SECTION 2 - Details of when, where and how Loss/Damage of	occurred
Date of Loss/Damage	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)
Where did Loss/Damage occur?	(if theft from a building, please give details of how entry was gained)
Who discovered it and when?	
Were the premises unoccupied at the time of the loss? NO YES	
Were the premises unoccupied at the time of the loss? NO 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?	If caused by someone who is not a member of your household e.g. Tradesman / Third Party please provide name and address.
If YES, when and at what Police station?	Name
	Address
Police Reference	
Please describe the measures taken to secure/protect the property which has been lost/stolen prior to the incident	
	Postcode

SECTION 3 - Other insurance - Comp	olete for all claims						
If the property for which you are claiming is insu policy(ies), e.g. travel, holiday home, main reside		etails.	Address	s of company			
Policy Number							
Name of company							
SECTION 4 - Previous claims							
Please provide details of claims made within t	he last 5 years						
SECTION 5 - Previous Insurer Details	- this box must be c	omple	eted				
Previous Insurer Details			Address				
Policy Ref.							
SECTION 6 - Building damage - Deta	ils of claim						
Estimated full cost of repair £			lf you are address o		of the building, state na	ame and	
Actual cost (if all work done) £			Name				
How much are you claiming? £			Address				
If you have obtained estimates or accounts, p with the completed form.	lease attach and send						
N.B. If you are still awaiting estimates don't delay if estimate(s) are being obtained and will be sentick the box.					Postcode		
Are you a tenant? NO YES	If YES, does this	s make y	ou respoi	nsible for the dam	age claimed?	NO YES	
SECTION 7 - Contents and/or valuab	les claim - Details of	claim	(please	send us any e	stimates/accounts)		
Please complete ALL columns - we deal with	your claim in accordan	ce with	the cove	r given by your p	oolicy.		
1. Description of item (make/model)	2. Owner of item	3. Ago	e of item	4. Price paid	5. Estimated cost of repair	6. Replacement cost (If not repairable)	

SECTION 7 - Continued

	2. Owner of item	3. Age of item	4. Price paid	5. Estimated cost of repair	6. Replacement co
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CTION 8 - If you claim is successf	ul, please confirm to	whom any ch	egue(s) should	d be made payable	
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e note that insurers pass information to the C	_			ch you give us about this cl ou tell us about. They will g	
e note that insurers pass information to the Conge register, run by Insurance Database Servim is to help us to check information provide ulent claims. When you tell us about an incidift) which may or may not give rise to a claiming to it to the register.	ices Ltd (IDS Ltd). d and also to prevent ent (such as fire, water dama	other insu your polic A contribu ge same thin	rance companies y y with them, and w ution payment is no g. If another comp	ch you give us about this cl ou tell us about. They will g ve may ask them to pay a co ormal practice where two or any contributes to your clair s you may have with them.	ive us information a entribution to this cl r more policies cove

I/we understand that you may ask for Information from other insurers to check the answers I/we have provided.

I/we declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned.

Date	D D M M Y Y Y	Signature(s) of Policyholder(s)	
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THIS FORM SHOULD NOW BE RETURNED TO: Intasure, Oakhurst House, 77 Mt Ephraim, Tunbridge Wells, TN4 8BS United Kingdom
Call the Claims Team on 0345 111 0672