

Property Claim



Property Claim Form

INSURED

Insured	<input type="text"/>	Policy No.	<input type="text"/>
Address	<input type="text"/>	Home Tel. No.	<input type="text"/>
		Work Tel. No.	<input type="text"/>
		Mobile	<input type="text"/>
Occupation	<input type="text"/>	Email	<input type="text"/>

Can you recover VAT for this claim? Yes No VAT Registered: Yes No Partial

THE LOSS

The Damage

Date of loss Time of loss

Where did the loss occur?

How was loss discovered?

Who discovered loss?

Date property last seen?

Any other information you may wish to give?

The following sections should only be completed if relevant

THEFT

Full address of police station,
to which theft reported

Date theft reported

Time theft reported

Police officers name & number

Crime Ref. Number

Do you or the police know or suspect who was responsible?

Yes

No

If 'Yes' please give details

FIRE

Fire Station address:

Fire Brigade Ref. No.

Have brigade given any
indication as to the
cause of damage?

GOODS IN TRANSIT

Were goods carried in your own vehicle?

Yes

No

If 'Yes', do you have any other insurance covering the goods?

Yes

No

If 'Yes', please advise name and
policy number of insurers

If goods were being carried in third party vehicle:

Please advise name and address
of vehicle owners carriers

Are you aware of vehicle owners/carriers insurers?

Yes

No

If 'Yes', please advise name and
policy number concerned

LIVESTOCK

Breed of animals involved

Name and tag numbers

Age

Sex

Were animals home bred?

Yes No

If 'No', from where were they bought?

Date of purchase

Purchase price

Amount of VAT paid

If applicable give name and address of attending vet

If claim is for death, please provide purchase, pedigree, registration and salvage documentation

Date the animal first became ill / accident occurred

Date vet first attended

Date of slaughter / death

Cause of death

If accidental how did it occur and when?

For what purpose was the animal used?

Name and address of vet

Tel / Fax number of vet

DESCRIPTION OF ITEMS LOST OR DAMAGED

No.	Description	Date Bought	Original Cost	Cost of Repair/Replacement	Current Value
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Amount claimed

Amount of salvage (if any)

Total nett amount claimed

PAYMENT OF CLAIM

To avoid postal delays and the risk of theft we will pay any agreed amount due to you in respect of your claim directly into your bank account.

Please complete the following details about your bank account

Bank Name

Bank Account Number

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Sort Code

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Bank Account Name

If you would however prefer to receive a cheque please tick here

DECLARATION

I/WE DECLARE THAT THE PARTICULARS ON THIS FORM ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

I/WE UNDERSTAND THAT YOU MAY ASK FOR INFORMATION FROM OTHER INSURERS TO CHECK THE ANSWERS I/WE HAVE PROVIDED.

Signature of insured

Date

Rural

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