

General Claim Form



10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester GL2 4NZ
Telephone: 01452 361602 or 361649 Facsimile: 01452 361604

- When completing this form, please tick the appropriate boxes and answer all questions using **BLOCK CAPITALS**.

1 You the Policyholder

Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Date Premium Paid	<input type="text"/>
Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Policy Number	<input type="text"/>	Value Added Tax. Are you a registered person or company?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2 Circumstances of the Claim

a Date (dd/mm/yyyy)	Time	g Was any person(s) responsible for loss/damage?
<input type="text"/>	<input type="text"/> am/pm	Yes <input type="checkbox"/> No <input type="checkbox"/>
b Where did the loss/damage occur?		If yes, say why
<input type="text"/>		<input type="text"/>
c Describe fully how loss/damage occurred.		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
d Were the police notified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	h Name and address of person(s) responsible
If yes, address of station		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
e Date of notification to police	Police Crime Reference No	i If they are Insured against causing this incident state Insurers name, address and policy number
<input type="text"/>	<input type="text"/>	<input type="text"/>
f Were the fire brigade called?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
If yes, address of station		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

3 General Information (where applicable)

a Type of premises

b Were the premises unoccupied? Yes No

If yes, when last occupied?

c Are you the owner of the premises? Yes No

If no, give name/address of owner

d Are you responsible for repairs? Yes No

e Is there any other policy in force providing cover for this incident?

Yes No

If yes, give details to include Insurers name/address and policy number

f What is the total of buildings and/or trade contents/other contents/stock/plant and machinery of or on the premises?

i buildings	ii all contents
<input type="text"/>	<input type="text"/>
iii stock	iv plant and machinery
<input type="text"/>	<input type="text"/>

g Have you ever suffered similar loss/damage?

Yes No

If yes, give details and whether claim made on Insurers

4 Complete for Deterioration of Frozen Food only

a Cause of breakdown of freezer

b When was the freezer purchased/hired?

c Is the freezer currently subject of a Maintenance/Service Agreement?

Yes No

If yes, name/address of engineers with whom agreement arranged

List/Description of Article(s) or Property destroyed/damaged	Extent of damage	Owner of Article(s) or Property	Where acquired (Name/address of retailer etc. or in the case of gift, the giver)	Date of Acquisition (dd/mm/yyyy)	Cost Price	Replacement Cost	Value at the time of damage allowing for wear and tear where applicable	Salvage value (value, if any, after claim)	Sum Claimed

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/we understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

Signature

Date (dd/mm/yyyy)

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.

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