

# Theft 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

|  |                            |   |
|--|----------------------------|---|
| <b>a</b> Date of theft (dd/mm/yyyy)  | Time                       | <b>e</b> Who discovered the theft?  |
| <input type="text"/>   | <input type="text"/> am/pm | <input type="text"/>  |
| <b>b</b> Where did the theft occur?  |                            | <b>f</b> When was the stolen property last seen?  |
| <input type="text"/>   |                            | <input type="text"/>  |
|  |                            | <b>g</b> Who was last to see the property and where?  |
| <b>c</b> Type of premises (i.e. shop, flat, house etc.)  |                            | <input type="text"/>  |
| <input type="text"/>   |                            | <b>h</b> Were the police notified? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>d</b> Describe fully how the theft occurred including the <b>Method of Entry</b> to the premises i.e. - type of protections overcome - how achieved |                            | If yes, address of station  |
| <input type="text"/>   |                            | <input type="text"/>  |
|  |                            | <b>i</b> Date of notification to police   |
|  |                            | Police Crime Reference No   |
|  |                            | <input type="text"/>  |
|  |                            | <input type="text"/>  |





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