

Material damage / Property

Claim form

Policy number

Name of business(es) insured

Correspondence address inc. post code

Name of the director / person handling the claim on your behalf

Contact email address

Contact telephone number

DETAILS OF CLAIM

Date of occurrence

Time of occurrence

Place of occurrence

Are you the sole owner of the Property

Please explain how the loss or damage occurred

DETAILS OF DAMAGE

Details of property damaged or lost	Date of purchase	Purchase price	Replacement price	Deduction for wear & tear	Net amount claimed

DETAILS OF DAMAGE

Name of any witness to the loss / damage

Address of any witness to the loss / damage

Contact telephone number of any witness to the loss / damage

Material damage / Property

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LOSSES OCCURRING DUE TO THEFT OR MALICIOUS DAMAGE

Name of person who discovered the loss

How was the loss discovered

How was the plant / equipment immobilised or secured from theft or malicious damage

Was a hydraulic lock or other anti-theft device fitted to the plant / equipment (detail)

Please provide details of site / premises security

When was the loss reported to the Police

What is the Police crime reference number

Name of Police office and number

Police station name

Police station address

Have any steps been taken to recover the plant / equipment

LOSSES OCCURRING DUE TO DAMAGE

How did the damage occur

Address where damaged plant / equipment can be inspected

What is the estimated cost of repairs

LOSSES OCCURRING DUE TRANSIT

Name of carrier

Address of carrier

Method of conveyance of plant / equipment

How was the plant / equipment packaged / secured

Conditions of carriage

Was the damage as a result of loading or unloading

Who was responsible for loading or unloading

Conditions of carriage

Material damage / Property

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Please attach

Conditions of hire

Purchase receipt(s)

Estimate for repairs

Valuation supporting documentation

Conditions of carriage

Photographs

YES	NO

I/ we declare that the statements detailed in this submission are true and accurate to the best of my/our belief

Authorised signature

Name of signature

Position

Date of signature

Please keep a copy of this submission for your own records