



Property
Claim Form

This form should be completed as fully as possible in BLOCK CAPITALS and returned immediately to your Broker with supporting documents.

Insurance Broker Details			
Name & Address			
Postcode		Tel. No.	
Contact Name		Email	

Policy No. Policyholders Name

Insured Person's Name

Date of Birth Occupation(s)

Address

Postcode Tel. No. Mobile

Date of Occurrence

Date of Occurrence	Time AM/PM
Name & Address including postcode of person who discovered loss/damage	
Date lost or damaged property last seen	

Location Details			
Occupier's Name		Address	
Post Code		Tel. No.	Email

Details of Circumstances			
Peril under which this claim is being made (e.g. storm tempest and flood)		Policy section under which this claim is being made (e.g. storm damage to farmhouse roof; Section 1 - Private House)	
Please describe how the loss/damage was caused			
If fire, please state cause of outbreak			
Are there any witnesses to this loss or occurrence?		YES	NO
If 'Yes' please give contact details			
Is the damaged property owned by you?		YES	NO
Was the property occupied at the time of the incident?		YES	NO
If 'No', when was it last occupied?	DD/MM/YY		
Was the property fully furnished at the time of the incident?		YES	NO
Do you consider anyone to blame or suspect any person of being responsible for this occurrence? YES / NO IF 'YES' please give their name and address and state your reasons.		YES	NO
Contact Details			
Why do you feel this person is to blame?			

To be completed for all claims of loss, theft, fire or malicious damage	
Name of address of police / fire station notified	
Reporting officer's name and number	
Crime / Fire Reference Number	
If Theft , was there forcible and violent entry to or exit from the premises? YES / NO If 'YES' please give details.	

Full Details of Property lost or damaged - Please use a separate sheet of paper if necessary				
Description of items including make /model no.	Date of Purchase	Original Purchase Price * (1)	Estimated cost of repair/replacement * (2)	Amount claimed £

- * (1) Please attach original receipt or copy if retained.
- * (2) Please attach a current estimate or evidence of replacement article on a 'like for like' basis or an estimate for repair.

NOTES

If an article is deemed to be beyond repair, please attach the written confirmation of this from a professional source.

Please note all supporting documentation is provided at the claimant's own expense.

Value Added Tax (Legal/ Professional Representation)

Are you VAT registered? Yes No

Can you recover 100% VAT for this claim? Yes No

If not, what percentage can you recover %

Please read these notes carefully and complete the questions as appropriate

- a. It may be necessary, to protect your interests, for us to instruct solicitors or other professional people, on your behalf. Where we consider such services necessary we will pay the cost. The services provided attract Value Added Tax.
- b. These services are treated as being supplied to a policyholder and not to their insurers. If you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
- c. If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, to send their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
- d. We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover.

If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf (The V.A.T. content of the account is payable by you to the extent that you can recover the tax.)

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

DECLARATION

I/We understand that in handling this claim, BIBU (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source. **You must read the declaration before signing.**

Signed

Date

If you are not the insured person, please state your relationship to them.