



PROPERTY DAMAGE CLAIM FORM

(1) BROKER DETAILS

Name	Town and Country Insurance
Address	16 East Street, South Molton, North Devon, EX36 3BU
Telephone No	01769 572557
Fax Number	01769 574806
Email Address	info@insurance-policies.co.uk

(2) POLICY HOLDER DETAILS

Policy Holder	
Policy Number	
Main Contact	
Address	
Phone Number	
Mobile	
Email	
VAT Registered	

(3) INFORMATION ABOUT THE LOSS/DAMAGE

When did the loss/damage occur	
Where did the loss occur	
How did the loss/damage occur – plus circumstances leading up to the loss	
The cause (Peril I.e. Fire/Theft)	
When and by whom was loss discovered:	

(4) FOR THEFT OR MALICIOUS DAMAGE

Where police advised of loss: Yes <input type="checkbox"/> No <input type="checkbox"/>	Crime Ref Number:
Police Station:	
By what means was access gained to premises:	
Is there a burglar alarm installed at premises:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes was it activated by the thieves:	Yes <input type="checkbox"/> No <input type="checkbox"/>

(5) DETAILS OF THRID PARTY

Was the loss/damage caused by a third party:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please provide name & address of third party that caused loss or damage (if known)	
Company Name	
Address	

Telephone Number	

(6) DETAILS OF CLAIM

Where possible, please attach a detailed estimate for repair. If item (s) beyond repair, please provide original purchase and replacement invoices. If definite costs are not yet known, please state approx cost.

Description of each item of property lost, destroyed or damaged	Are you the sole owner? If no please state who is.	Date Item(s) Purchased	Have you instigated repairs already	Is there any value of salvage	Amount Claimed
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£
			Yes <input type="checkbox"/> No <input type="checkbox"/>	£	£

Please continue on a separate sheet if necessary	TOTAL	£
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(7) ANY ADDITIONAL INFORMATION

(8) OTHER INSURANCES

Is the property claimed for covered by any other policy: Yes <input type="checkbox"/> No <input type="checkbox"/> If YES please fill in below	
Name and Address of insurer	
Policy Number	

(9) DECLARATION

I/We hereby declare the foregoing particulars to be correct in all respects

Signature of Policyholder

Date: