

PROPERTY DAMAGE REPORT FORM

PLEASE ANSWER EVERY QUESTION WHERE POSSIBLE & SIGN THE DECLARATION ON THE FINAL PAGE

Policy Number	Claim Number	Your reference	

POLICYHOLDERS DETAILS

Name		
Telephone Number		
VAT registered	Yes/No	If yes, please state VAT number

PROPERTY DETAILS

Date		Time	Property occupied at the time of the incident?	
Loss Location				

ACCIDENT DETAILS (please fill out in relevant box)

Is the damage as a result of storm, fire, flood or escape of water?	How many rooms affected?	
Please provide details of the damage to the property		
Have you carried out any temporary repairs?		

ACCIDENT DETAILS Part 2

Is the damage as a result of the vandalism, malicious damage or acciden loss?	
Please provide details of the damage and circumstances	
Was there forcible or violent entry?	Was the property securely locked at the time of the incident?
Do you know of the suspects? If yes state whom.	Is the property currently secure?



Do you have original receipts of the items that have been lost or stolen?

If the damage doesn't relate to any of the above please provide a description below

Details of Claim

Whenever possible, please attach a detailed estimate for repair. In the case of damage to a building it is not necessary to complete columns 3 and 4. Please ensure that all damaged property is protected from further deterioration and is kept until permission to dispose of it is received from the Company or their representative.

Description of property lost, stolen, destroyed or damaged including model and serial numbers	If you are not the sole owner please give details of your interest and that of other parties	When Purchased	Cost Price	Estimated cost of repair or replacement if repair not possible



Other Insurances

If the property claimed for is covered by any other policy, please complete below		
Name of insurer		
Policy Number		

Declaration

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief, I/we authorise the Company to make such admissions on my/our behalf as it deems appropriate and I/we agree to render the Company all assistance in the investigation of the Claim. I/we further agree to provide such assistance as may be necessary in pursuing recovery of any outlay. I/we confirm that I/we have not withheld any material information within my/our knowledge that may affect the granting of indemnity under my/our policy.				
Signature		Name in block capitals		
Position in company		Date		

Claims Department

Absolute Insurance Brokers Limited, Airport House, Purley Way, Croydon, Surrey, CR0 0XZ

T: 020 8915 1022 Email: <u>claims@linkinsure.co.uk</u>

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