

Please return to:

Personal Property Claim Form

Please answer all questions on this page as fully as possible and the relevant sections on other pages. Details of claim for all sections should be entered on the back page.

Please use BLOCK CAPITALS or TICK the BOXES as appropriate.

Insured

Policy No. _____ Renewal Date _____ Date premium paid _____
(Any delay in payment may affect settlement of your claim)
Full name _____
Occupation _____
Private address _____
Postcode _____ Tel.no. _____
Business address _____
Postcode _____ Tel.no. _____
Whom should our loss adjuster contact? _____

Have you or any member of your family permanently living with you

- suffered any loss or damage, or had any claims made against you or them in the last 5 years?
- had any special terms imposed by any insurer or had insurance cancelled, declined or renewal refused?
- ever been convicted of arson or any criminal offence (other than motoring offences) or received a police caution or is any prosecution pending?
- previously held any insurance of this type?

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

If YES, please give full details including name and address of insurers where applicable

We reserve the right to contact your previous insurers to verify the information contained in this form.

The Event

Date Time

Place

When and by whom discovered

State fully what happened

Were the premises occupied at the time of the incident? YES NO If NO, state date and time last occupied

If known state the name and address of person causing loss or damage

If a theft, how were the premises entered?

Are the final exit doors to your premises fitted with 5 lever mortice deadlocks? YES NO If NO, give details of other security fittings

Are all opening windows to your premises fitted with key operated locks? YES NO If NO, give reason

If alarm installed, was it activated? YES NO

If you are claiming for lost or stolen articles, the police must be advised promptly. They must also be advised in the case of malicious damage or vandalism. State date police were advised and name of station

If the police have apprehended the culprit please ask them for a restitution order and send it to us. Officer's Number Date Reference

Please complete the relevant section(s)

Buildings

Are you the sole owner?

YES NO

If NO, give name and address of owner or any other party having an interest in the property i.e. Building Society

Is your home a

House Bungalow Flat

If a house or bungalow, is it

Detached Semi-detached Terraced

How many bedrooms does it have?

What is the age of the property?

What is the present value of your home based on current re-building costs?

If decorations damaged state when last decorated?

Was the home occupied by you or your family or an adult person with your permission?

YES NO

If NO, when was it last occupied

Was the home fully furnished for habitation?

Is it used solely as a private dwelling?

If a tenant, are you legally liable under an agreement for decorations or other repairs to the building?

If YES, please forward the agreement for perusal

Are there any other insurances on the building?

If YES, give details including name, address and policy number of any other insurers, if known

Contents

Are you the sole owner of the articles?

If NO, give the name and address of owner

Has any other person or firm an interest in the articles for which you are claiming?

If YES, give details

Was the home occupied by you or your family or an adult person with your permission?

If NO, when was it last occupied

Are there any other insurances on the articles?

If YES, give details including name, address and policy number of other insurers, if known

State total value of the contents of your premises at the time of the loss (see guidance notes)

£

State how total value calculated 'New for Old' basis

Allowance for wear and tear

If Executive Home Protection policyholder State total value of

a) gold, gold plate, silver and silver plate, platinum, jewellery and watches

£

c) curios and collections of stamps, coins or medals

£

b) paintings, drawings, prints, maps and books

£

d) china, glassware and porcelain

£

e) antique furniture

£

Loss away from the Home

If away on holiday or business please give name, address and policy number of Travel Insurers and Tour Operators reference

If theft from a vehicle where were articles left?

Make and model of vehicle

Was the vehicle fully secured?

YES

NO

If NO, give reason why not

Was an alarm/immobiliser in operation at the time of the theft?

How was the vehicle entered?

If from a building please state why property was there

Personal Money

When was the loss of your credit card(s) reported to the issuing organisation(s)?

Where was the money kept?

Pedal Cycles

Was the pedal cycle securely locked?

YES

NO

If NO, give reason why not

How long had it been left unattended?

Where was the cycle left?

Freezer Contents

Age of freezer

 yrs

Cubic Capacity

Is the freezer under guarantee or subject to a maintenance agreement?

YES

NO

Name of Freezer Repairer

Please list price and contents overleaf

Glass

Situation

Type

Size

Wash basin and/or sanitary fixtures

Is it a pedestal basin?

YES

NO

Does the sum claimed include the cost of new taps or fittings?

Trailers and Caravans

Make and model reference

Year of manufacture

Value

£

Was the trailer/caravan on loan?

YES NO

Details of Claim

Please submit the following documents with this form

Building claims

Detailed original estimates from tradesmen for the work necessary to repair the damage

Claims for loss or damage to other property

If the articles can be repaired - detailed original estimates from tradesmen for work necessary to repair the damage

If the article is lost, or damaged beyond repair - the original receipt for its purchase together with an estimate for the cost of its replacement

If possible please submit photograph of damaged article/property

| Description of articles including make and model no. | From whom obtained | Date acquired | Original purchase price | Cost to replace or repair | Value of salvage | Amount claimed |
|--|--------------------|---------------|-------------------------|---------------------------|------------------|----------------|
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| | | | | | Total claimed | |

Payee Details

Cheques will be made payable to the named 'Insured' as shown on the policy schedule. Should you require cheques to be paid to a different payee (i.e. Mr A Nother, instead of the named insured Mr & Mrs A Nother), please enter your requirements in the box below. To enable us to proceed with your request, all policyholders must sign the declaration.

Payee details

Declaration

I/We declare that these particulars are true to the best of my/our knowledge and belief. I/We understand that if any part of this claim is found to be fraudulent in any respect all benefits under this policy will be forfeited and I/we may be liable to prosecution.

I/We consent to Sterling Insurance Company Limited contacting my/our previous insurers, insurance intermediaries, agents or brokers to check the answers I/we have provided and I/we authorise the giving of such information.

I/We understand that my personal data will be used by Sterling Insurance Company Limited for the purposes of my insurance, which could involve passing details to agents of Sterling Insurance Company Limited, other insurers or fraud prevention agencies.

Signature(s) _____

Date _____

Please print name(s) _____

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