



P O Box 854 Charles Bisson House  
30-32 New Street St Helier  
Jersey JE4 OYJ  
Tel 01534 835235  
Fax: 01534 835236

## MATERIAL LOSS CLAIM FORM

Insured's Name _____	Policy Number _____
----------------------	---------------------

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_  
Occupation \_\_\_\_\_ Tel:(Home) \_\_\_\_\_ Tel:(Work) \_\_\_\_\_

Risk Address (if different from the above) \_\_\_\_\_  
\_\_\_\_\_

Are the premises regularly left unoccupied? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give details)	
If the premises are unoccupied, please state date and time they were last occupied _____	

### Details of when, where and how Loss /Damage happened?

Date of loss/damage  Time (if known)

Where did the loss/damage happen?

How did the loss/damage happen? Please give full details (if theft from a building, give details of how entry was gained).

If caused by someone who is not a member of your household, e.g. tradesman, give name and address:	Name: _____ Address: _____
----------------------------------------------------------------------------------------------------	-------------------------------

**ALL LOSSES OF VALUABLES, MONEY AND BY THEFT, BURGLARY, HOUSEBREAKING OR MALICIOUS DAMAGE MUST BE REPORTED TO THE POLICE IMMEDIATELY:**

Were the Police Notified ? Yes  No  Lost Property/Crime Number:

When and what Police station was the report made	Name: _____ Address: _____
--------------------------------------------------	-------------------------------

**DETAILS OF CLAIM**

Items Lost, damaged or destroyed	Date Purchased	Original Purchased	Value at time of Loss (Less allowance for wear and tear)	Value of Salvage £	Amount Claimed £

**(N.B. Two estimates are required for all claims)**

Continue List, if necessary, showing information on this basis on a separate sheet.

What steps have been taken to avoid a recurrence of the loss? \_\_\_\_\_

\_\_\_\_\_

When and where, if necessary, can the loss, destruction or damage be inspected? \_\_\_\_\_

\_\_\_\_\_

Have you suffered a similar loss previously? Yes  No  (if yes, please give details)

\_\_\_\_\_

\_\_\_\_\_

Is the property for which you are claiming insured under any other policy i.e. Travel Insurance?

Yes/No

If Yes, give details of Insurers and Policy No. \_\_\_\_\_

Please do not dispose of damaged items, debris or evidence unless there is a danger of further loss or a significant risk of injury.

I/we wish to claim under the above numbered policy for property which has been lost, damaged or destroyed as detailed above. I/We declare that the property belongs to me/us, my/our family or servants and that the Property is not insured elsewhere except as stated. I/We warrant that all information given herein is true and without exaggeration.

Signed:  Dated:

**Additional Information:**