



**COPELAND
INSURANCE**

PROPERTY PROTECTION CLAIM FORM

PLEASE ANSWER ALL QUESTIONS IN FULL AND IN BLOCK CAPITALS

Policy Number:

Claim Number:

PROPOSER:

(Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

HOME ADDRESS:

POSTCODE:

CONTACT TEL (DAYS)

CONTACT TEL (EVES)

PROPERTY INSURED:

RISK ADDRESS:

POSTCODE:

What was the Property being used as at the time of loss (state letter)

A) Holiday Home

B) Holiday Home Let

C) Second Home

D) Let Property

E) Unoccupied Property

F) Student Let

G) DSS Let

H) Other (Please specify)

DETAILS OF CLAIM:

Date of Occurrence:

Time:

Full details of Loss:

How did loss or damage occur?

When was it discovered?

If Property was unoccupied at time of loss, when was it last occupied?

Was Property furnished or unfurnished at the time of loss?

If loss is due to loss, theft, burglary or malicious damage, you must notify the Police. Please give address of station it was reported to:

Crime Ref. No.

Are you the sole owner of the Property for which the claim is made? Yes No

Is there any other Insurer covering the Property concerned? Yes No

Are you registered for V.A.T? Yes No

If yes, please give status and Registration No.

Please enclose estimates and/or accounts with this claim form

Full Description of Property Claimed	Date & Place of Purchase	Original Price £	Is item repairable Yes/No	Estimated cost of repair or replacement	Amount Claimed

Please continue on separate sheet if necessary Total:

DECLARATION:
 I hereby declare that all details given by me on this form are to the best of my knowledge true and complete

Signature: Date:

Office Use Only