

## Theft and 'All Risks' Claim Form

Please complete Policyholder, Event and Property Sections. Only complete the relevant section(s) of Details of Claim

### Policyholder

**Policy No.**

**Policyholder's Address**

**Policyholder's Name or Title**

**Contact Email**

**Telephone Number**

Daytime	Mobile
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**Occupation**

**Are you registered for V.A.T?**

Yes

No

If **Yes** please give details

**Risk Address: (If different from correspondence address)**

### Property Stolen/Lost or Damaged

**Are you the sole owner?**  Yes  No

If **No**, state name & address of owner

**Is there any other Insurance policy in force which will cover this loss?**  Yes  No

If **Yes** please provide details

### Circumstances

**Date property was last seen**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Time am/pm**

**Where was property last seen?**

**If loss or damage occurred in transit, state means of transport**

**Date loss or damage was discovered?**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Time am/pm**

Policyholder

**It is a requirement of the Insurers  
that all Losses or Thefts are  
reported to the Police. Please state:**

Crime Ref. No. \_\_\_\_\_

Police Station  
loss reported to: \_\_\_\_\_

**Date reported**

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**Circumstances of Loss/Theft or Damage**

**IMPORTANT** – Please attach estimates for all repairs/replacements

Specify separately each room or building damaged or destroyed	Age of building or damaged fixture/ fittings	Date when last decorated	Amount of estimate (Please attach repair or replacement estimate)	Deduction for previous depreciation, alteration or improvements	Net amount claimed

Declaration

I/We declare that the above is a full and accurate statement, and I/we therefore claim the sum of £\_\_\_\_\_ As the amount due to me/us in respect of the loss of or damage to the property detailed. The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters.

**Signature of Policyholder**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Please return this form to:**

Mathews Comfort, 6a St Aldates, Oxford, OX1 1BS