

# PROPERTY CLAIM FORM

Name of Housing Association: .....

Your Name: ..... Policy Number: .....

Loss Address: .....

..... Postcode: ..... Telephone Number: .....

Email: ..... Your Occupation: .....

Correspondence Address (If different from above): .....

..... Postcode: .....

Are you the: Leaseholder/Shared Owner/Tenant (Please delete items not applicable)

Type of property: House/Flat/Other (Please delete items not applicable and specify if other): .....

.....

Age of property: ..... years Length of your ownership or occupancy: ..... years

Date and time of loss giving rise to this claim: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_ a.m./p.m.

What happened? .....

.....

Details of claim	Amount claimed
<i>Please continue on reverse of form if necessary</i>	<b>Total</b> £

Please supply two alternative estimates with this form.

Estimates enclosed: Yes/No *If no, please give reason:* .....

.....

If malicious damage or theft date reported to police: \_\_\_/\_\_\_/\_\_\_

Crime reference number: ..... Address of police station: .....

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If another person(s) responsible for the damage please give their name and address: .....

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Please give details of any other policy that may cover this loss: .....

.....

Have you made a claim in respect of this residence in the past five years: Yes/No

*If yes please give brief details:* .....

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**DECLARATION**  
***If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.***

I/We declare that all the answers are true and complete. I/We hereby claim for the loss or damage as set out above. I/We understand that you may seek information from other Insurers to check the answers I/we have provided.

Signature: ..... Date: .....