



HOME INSURANCE PROPERTY CLAIM FORM

MEADONS

INSURANCE BROKERS LIMITED
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Policy Number:

Meadons Claim Reference:

POLICYHOLDER

Section 1 - Insured - please complete for ALL claims

Mr/Mrs/Miss/Ms: _____ Date of Birth: _____

Postal Address:

Risk Address:

Occupation: _____
Full Time/Part Time

Tel Number:

Mobile:

Have you (or any member of your family residing with you) sustained any previous losses within the last five years, whether insured or not, YES/NO, if Yes please give details

Have you (or any member of your household) ever been cautioned/convicted of or have any outstanding charges for any offence involving theft, fraud, dishonesty or damage to property, YES/NO, if Yes please give details

Section 2 - General - please complete for ALL claims

Are there any other insurances in force which cover the items being claimed for? Yes No

If yes, advise name of insurance company, policy number/reference _____

Are any of the stolen/damaged/lost goods used in connection with your business /trade or profession? Yes No

If yes, give details _____

Are you the sole legal owner of the property being claimed for? Yes No

If no, give details _____

Section 3 - Occupancy - please complete for ALL claims

Is the home fully furnished for normal habitation? Yes No Was it so at the time of the incident? Yes No

Is the home solely occupied by you and your family? Yes No

Is the home used solely for residential purposes? Yes No

If you have answered "NO" to any of the above, Please give details _____

Was the home unoccupied at the time of the incident? Yes No If yes, was your home unoccupied for more than 30 days prior to the loss? Yes No

Was any part of your home lent, let or sub-let at the Time of the incident? Yes No Do paying guests stay with you? Yes No

If you have answered "YES" to either questions give details _____

Does the claim relate to damage to the premises and/or interior decorations? Yes No

If "yes" are you: owner Tenant Lessee *please tick appropriate box*

If "tenant" and you are claiming for damage to rented property for which you are responsible, please forward a copy of your tenancy agreement

Section 4 - Circumstances - please complete for ALL claims

| | | |
|--|--|----------------------------------|
| Date occurred | <input type="text"/> | |
| Date discovered | <input type="text"/> | By whom <input type="text"/> |
| Exact location where circumstances occurred | <input type="text"/> <input type="text"/> | |
| When was item last seen? | Date: <input type="text"/> | Time: <input type="text"/> am/pm |
| Place | <input type="text"/> <input type="text"/> | |
| By whom was item last seen? | <input type="text"/> | |
| Describe fully what happened <i>Continue on a separate sheet if necessary</i> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

Section 5 - Buildings - buildings claims only

| | | | |
|---|--|---|----------------------|
| When was the property built? | <input type="text"/> | Type of Property eg brick with tiled roof | <input type="text"/> |
| Description of damage and its cause | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| If you have obtained estimates or accounts, please attach and send with the completed form | | | |
| Is your claim for sanitary ware? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" give details | | | |
| a) Brief description of damage item _____ | | | |
| b) Colour _____ | | | |
| c) Make _____ | | | |
| d) How long installed? _____ | | | |

Section 6 - Subsidence claims only - immediate referral to a Loss Adjuster

Section 7 - Theft - theft claims only

Are any stolen/damaged items the subject of an outstanding hire purchase agreement? Yes No

If theft from a building give details of how entry was gained and advise if there were any signs of a forced entry

If theft was from your home do you have

a) Burglar alarm? Yes No b) Security locks? Yes No

If "yes" were they in operation at the time of the theft? Yes No

If "no" give details

Was the theft from a vehicle? Yes No

If "yes"

a) Where were the items left in the vehicle? _____

b) Were there any signs of forced entry? _____

c) Was the vehicle locked? _____

Section 8 - Police - theft, loss and malicious damage claims only

Were the Police informed? Yes No

If "yes" state

a) The full address of the police station you notified

b) Date reported Time reported am/pm

c) Police reference/report number

d) Police officers name and number

How and by whom were the police advised?
Eg by telephone or visit to police station

Do you or the police know the suspect who is responsible? Yes No If "yes" give name(s) and address(es)

Have you taken any steps to recover your property? Yes No If "yes" give details

Section 9 - Claim Amounts

Full description of item claimed for.
Please provide details of size, colour and
Specific features to assist in accurate identification
Include make, model and serial number where applicable

| Description | Owner | When and where bought | Price Paid £ | Estimated cost of repair | Present Replacement Cost | Amount Claimed £ |
|-------------|-------|-----------------------|-----------------|--------------------------------|--------------------------------|---------------------|
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Section 10 - Declaration

- I/We declare the property claimed for has been lost, stolen, destroyed or damaged in the manner described and that the details given on the claim form are true and complete to the best of my/our knowledge and belief.
- I/We understand if any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of the claim are used to obtain benefit all benefit under the policy shall be forfeited and criminal proceedings may ensue.
- I/We agree to provide the Insurers with any further information or documentation as may be reasonably required
- I/We understand that you may ask for information from other Insurers to check the answers I/We have provided
- I/We confirm I/We have read the notices of use above and agree with the processing activities notified

Signature

Date

Section 11 - Data Protection

All personal information about you will be treated as private and confidential. We will use and disclose information in the normal course of arranging and administering your insurance, along with providing details on other products we feel may be appropriate. We will not pass your information to third parties for any marketing purposes. We are registered under the Data Protection Act 1998.