St Giles Property Claim Form



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| Please tick the box of the branch that looks after your policy and return to: | St Giles Insurance & Finance Services Ltd |

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| --- | --- | --- |
|  | 105 Piccadilly, London W1J 7NJ | Tel: 0207 629 3176 |
|  | 8 Rodney St, Liverpool L1 2TE | Tel: 0151 709 1911 |
|  | 17 Headlands Business Park, Salisbury Road, Ringwood, Hants BH24 3PB | Tel: 01425 475 100 |

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| --- | --- | --- |
| Policy Number: |  | And/Or See Copy Schedule Enclosed |

Details of Insured and Claimant

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| --- |
| Claimants Name (Mr/Mrs/Miss etc plus Forenames and Surname) |
|  |
| Policy Holders Name |
|  |
| Address where damage occurred (include flat number / communal areas where appropriate) |

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| --- | --- |
| Address  Postcode |  |
| Telephone Numbers | |
| Home |  |
| Work |  |
| Mobile |  |
| Email Address |  |

|  |  |
| --- | --- |
| Are you registered for VAT | Yes / No If Yes please provide VAT Number: |

Details of Loss

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| When did the loss / damage occur or alternatively when was it discovered? | | | | | | | |
| Day |  | Month |  | Year |  | Time |  |
| How did the loss/damage occur? If water damage, please give precise details of the cause | | | | | | | |
|  | | | | | | | |

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| --- | --- |
| If water damage, please confirm if it has been remedied | Yes / No |

|  |  |  |
| --- | --- | --- |
| If no, when do you anticipate it will be fixed | Date: |  |

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| --- | --- |
| Were the premises unoccupied at the time of loss? | Yes / No |

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| --- | --- | --- |
| If yes, when were they last occupied? | Date: |  |

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| For Theft, Malicious Damage, Vandalism claims please advise: |
| When was the loss / damage reported to the Police and by whom? |
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|  |  |
| --- | --- |
| To which Police Station |  |
| Police Crime Reference Number? Theft/Malicious Damage claims won’t be settled without one |  |

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| How was access gained to the premises? |
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| --- | --- |
| Were the premises securely locked at the time of the loss? | Yes / No |

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| --- | --- |
| Regardless of claim type, do you suspect any person(s) caused the | |
| Loss / Damage to the Property? | Yes / No |
| If yes, please provide details? |  |

Details of Claim

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| Whenever possible, please attach a detailed estimate(s) for repair or replacement and photos of the damage. Please ensure that all damaged property is protected from further deterioration and is kept until permission to dispose of it is received from the insurer or their representative |

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| --- | --- |
| Description of Property Lost, Destroyed or Damaged? | Estimated Cost of Repair / Replacement |
|  | £ |
|  | £ |
|  | £ |
|  | £ |

Additional Information

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| Please provide any additional information to support your claim i.e. if you are notifying or submitting it more than 30 days after the date of loss or discovery then please advise why this is the case |
|  |

Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| I / We hereby declare that to the best of our knowledge and belief all information given on this claim form is correct | | | |
| Date |  | Signed |  |