

CLAIM FORM
(Please return this form to your Insurance Broker or
claims@oak-underwriting.com)



Details of the Policy Holder and Policy:	
Name:	
Address:	
Post Code:	
Telephone Number:	
Work Telephone Number:	
Email Address:	
Policy Number:	
Renewal Date:	
Details of the Loss/Damage:	
Date:	
Time (am/pm)	
Where did the loss/damage occur?	
Who discovered the loss/damage and when?	
How did the loss/ damage occur? <i>(If theft from a building, give details of how entry was gained and whether the property was fully furnished and occupied)</i>	
If known, state the name and address of person causing loss/damage:	
<i>If the property was lost or stolen please inform the police promptly. The Police must also be notified in the case of malicious damage.</i>	
Name and address of Police station:	
Date of notification:	
Crime Reference Number:	
Is there any other insurance in force on the property claimed for?	Yes / No
If "Yes" Name and address of insurer:	
Policy/Reference Number:	

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Instructions to be observed:

All damaged property must be protected from further deterioration and should not be disposed of until permission is given by the company or their appointed representatives.

To assist us in the settlement of the claim, please submit repair or replacement estimates, valuations or purchase invoices.

Buildings:

Buildings Full Rebuilding Cost:	£
Estimated Full Cost of Repair:	£
Does anyone else have a financial interest in the property? (e.g. building society)	Yes/ No – If “Yes” please give details:
If a tenant are you legally liable under an agreement for decorations or other repairs to the building?	Yes/ No – If “Yes” please provide a copy of the tenancy agreement.

Contents:

Item:	Description of Item:	Date of purchase:	Original cost:	Cost of replacement:	Amount claimed:

Bank Details:

Account Name:	
Account Number:	
Sort Code:	
Name of Bank:	

*I/We declare that the statements made are true to the best of my/our knowledge and belief.
I/We claim the amount above in respect of the items mentioned.*

Date:	Signature(s):
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