

PROPERTY CLAIM FORM



Claim number

Completing your form

We recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary and if completing by hand, please use block capitals.

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In addition you should:

1. Note that insurers have deadlines for submitting claim forms so do not delay returning this form. If the claim form is submitted late, insurers may decline your claim;
2. Telephone us on 020 7280 3450 if you need assistance with completing this form;
3. Undertake any temporary **emergency** repairs necessary to secure your property and prevent further damage;
4. Retain all damaged items as insurers may wish to inspect them;
5. Provide all documentation in support of your claim including two repair estimates and photographs of the damage.

1. INSURED

Insured Name:

Policy Number:

Correspondence address:

Telephone Number:

Fax Number:

Email address:

Are you the: Owner Tenant Agent

Business/occupation:

Are you VAT registered?

Please provide the details of who we should contact regarding this matter if it is not the Policyholder. Please note that this person must be authorised by the Policyholder to discuss this incident on their behalf.

Name:

Position/title:

Telephone number:

Email address:

4. SETTLEMENT

In the event of your claim being accepted, a cheque will be issued to the Policyholder. If you require the cheque to be made payable to a different person or company, please state the full payee name here:

5. DATA PROTECTION ACT

By signing this claim form you consent to Clear Insurance Management and the Insurers of the mentioned Policy using the information we may hold about you for the purpose of handling claims and to process sensitive personal data about you where this is necessary (for example health information and criminal convictions). This may mean we have to give some details to third parties involved in the claims process. These may include adjusters, fraud detection and prevention services, insurers, re-insurers and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies changed.

6. DECLARATION

Please tick to declare that the details given on this form are true and complete and to the best of your knowledge

Name:

Date:

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