

Claim Form

Tenants Contents Insurance Customer Service Charter

We aim to provide:

- A high quality, efficient and helpful service
- A swift and courteous response to all claim forms, associated documentation or correspondence sent
- Prompt payment in respect of valid claims following their authorisation
- A speedy indication if a claim cannot be met until further information is received
- Up to date information on the current position of your claim if it cannot be paid quickly.

RETURN FORM TO: -
Caerphilly County Borough Council
Insurance & Risk Management Department
Penallta House
Tredomen Park
Ystrad Mynach
Hengoed
CF82 7PG

IMPORTANT: IT IS ESSENTIAL THAT THE QUESTIONS BELOW ARE COMPLETED IN ORDER THAT THE CLAIM MAY BE GIVEN PROMPT ATTENTION. PLEASE COMPLETE IN BLUE/BLACK INK. CLAIMS SHOULD BE NOTIFIED AS SOON AS POSSIBLE BUT NO LATER THAN 60 DAYS FROM THE DATE YOU KNEW (OR SHOULD HAVE KNOWN) ABOUT THE INCIDENT OR IT MAY BE DISALLOWED

Insured's Name _____
Address _____

Telephone Number (Daytime): _____
Telephone Number (Evening): _____
Mobile number: _____
Email address: _____

Do you have any knowledge of:

	Yes	No
a) Any previous claim of this nature or any other?	<input type="checkbox"/>	<input type="checkbox"/>
b) You or anyone living with you ever being convicted or charged with any offence (other than motoring offences) or is any prosecution pending?	<input type="checkbox"/>	<input type="checkbox"/>
c) Any other existing insurance policy covering the items you are claiming for?	<input type="checkbox"/>	<input type="checkbox"/>
d) Any other interested party in the items mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
e) Any trade, profession or business carried out in your home?	<input type="checkbox"/>	<input type="checkbox"/>

If YES to any of the above, please detail on a separate sheet.

Address at which the loss occurred:

Date & time of occurrence and by whom the Loss was discovered

Was the property unoccupied at the time of the incident?
YES NO (If yes, please provide details below)

How did loss, damage or destruction occur?

Additional details – only to be completed in the event of fire, burglary, theft, malicious damage or accident. Give details of any witnesses providing names and address.

1. _____

2. _____

Did the fire brigade attend? Yes No

If property was stolen, lost or damaged due to burglary, theft or malicious damage, the police must be advised promptly:

Name of Police Station: _____ Address of Police Station: _____

Officer's Number: _____

Crime Reference No. _____ Tel: No. of Police Station _____

Date Reported: _____

OFFICIAL USE BOX - TO BE COMPLETED BY THE ADMINISTRATOR

Policy Number: _____ ADMINISTRATORS STAMP

Policy start date: _____

Premium paid up to: _____

Contents Amount Insured: _____

OPTIONAL COVER Yes No

Cover type _____

Sum Insured _____ Signature: _____ Date: _____

Start date _____ Telephone No: _____

Claims

Description of the item(s) you are claiming for. Please include any make/models for electrical goods. For freezer contents claims provide full list of items destroyed.	Date & place of Purchase	Original Cost (£)	Estimated cost of repair/replacement	Amount Claimed (£)

Total Claim	£	£	£
--------------------	----------	----------	----------

IMPORTANT NOTE: IT IS NECESSARY FOR YOU TO PROVE THE LOSS. PLEASE ENCLOSE DOCUMENTATION SUCH AS RECEIPTS AND REPORTS. YOU SHOULD NOT DISPOSE OF ANY ITEMS UNTIL AUTHORISED TO DO SO BY THE LOSS ADJUSTER ACTING ON BEHALF OF THE INSURER (UNLESS ITEMS MUST BE DISPOSED OF FOR SAFETY PURPOSES).

Is the list the same as that given to the police? **YES / NO**

Fraud Prevention and Detection

In order to prevent and detect fraud we may at any time:

- Share information about you with other organisations and public bodies including the Police;
- Undertake credit searches and additional fraud searches;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

We can supply on request further details of the databases we access or contribute to.

We and other organisations may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
- Check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity.

Claims History

- Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.
- We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

In assessing any claims made, the insurer or its agents may undertake checks against publicly available information such as electoral roll, county court judgements, bankruptcy orders or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

It is important that adequate values for the property insured are advised to us. Any claims settlement may be reduced in the event of underinsurance.

You should show these notices to anyone who has an interest in the insurance under the policy

Telephone Call Recording

For our joint protection telephone calls may be recorded and/or monitored.

Declaration

I/We confirm I/We have read the notices of use above and agree with the processing activities notified

I/We wish to claim under this policy for the property details above

I/We declare that the property belongs to me/us, my/our family and that the property is not insured elsewhere

I/We confirm that to the best of my knowledge and belief this is a true and complete statement and that it does not contain false or exaggerated information

Signature(s) : _____ Date: _____