



MATERIAL DAMAGE CLAIM FORM

Policyholder's Name

Company Name

Policy No.

Cover Applicable

Comprehensive

Third Party Fire & Theft

Third party only

Broker/Agent (if applicable)

IMPORTANT

We wish to process your claim as quickly as possible. Therefore please ensure:-

- All questions are fully answered
- All required documents are enclosed
- A copy of the drivers licence must accompany this form
- Return completed form to Tradex Insurance Company Limited, 7 Selsdon Way, London E14 9GL

Failure to do so will delay the claim. If in doubt please telephone our First Response Claims Line.

First Response Claims Line 0333 313 3131 • **Fax** 020 7068 7740 • **Email** firstresponse@tradex.com • **www.tradex.com**

MATERIAL DAMAGE CLAIM FORM

WARNING: It is a criminal offence to fraudulently present or exaggerate a claim. All questions must be answered and the claims form signed and your signature witnessed.

1 POLICYHOLDER

| | | | |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|--|
| Claim No. | | Policy No. | |
| Name of Insured | | | |
| Address | | | |
| Post Code | | | |
| Occupation/Business | | | |
| Home Telephone | | Business Telephone | |
| | | Fax | |
| Email | | Mobile | |
| Name of any other associated company current or previous | | | |
| Address where incident occurred (if different from above) | | | |
| Post Code | | | |
| Date of Loss or Damage | | Time | |
| | | am/pm | |
| How did loss or damage occur | | | |
| Were the premises unoccupied at time of loss | Yes <input type="checkbox"/> No <input type="checkbox"/> | If YES, date when last occupied | |
| Is the property covered by any other Policy | Yes <input type="checkbox"/> No <input type="checkbox"/> | If YES, give details | |
| Is the property alarmed | Yes <input type="checkbox"/> No <input type="checkbox"/> | If YES, give make of alarm | |
| Is there a maintenance agreement in force | Yes <input type="checkbox"/> No <input type="checkbox"/> | If YES, give name of contractor | |
| Are you the sole owner of Lost, Damaged or Destroyed property | Yes <input type="checkbox"/> No <input type="checkbox"/> | If NO, give details | |
| If tenanted property, are you responsible for repair of damage under the terms of the Tenancy Agreement | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Are you registered for VAT | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| VAT Status | Full / Partial recovery | VAT Number | |
| Do you have any CCJ or other Convictions | Yes <input type="checkbox"/> No <input type="checkbox"/> | If YES, give details | |

2 PREVIOUS LOSSES

Have you had any previous losses Yes No

If YES, give details

3 PLEASE COMPLETE THIS SECTION if claim is for theft, loss or malicious damage

Name of person who discovered the incident

Date property was last seen

Time

am/pm

Date the Police were notified

Time

am/pm

Address of Police Station

Crime Ref No

Have any other steps been taken to recover the property

4 PLEASE COMPLETE THIS SECTION for personal injury or damage to property of others

Full name of person concerned

Address

Post Code

Details of injury/damage

How caused

PLEASE COMPLETE AND SIGN DECLARATION OVERLEAF

5 DETAILS OF CLAIM

| Description of Property Lost, Destroyed or Damaged | When purchased and type of payment (Access, Visa, Cash etc) | Cost Price | Estimated Cost of Repair or Replacement if repair not possible | Allowance for Depreciation (wear and tear) if applicable | Net Amount of Claim |
|----------------------------------------------------|-------------------------------------------------------------|------------|----------------------------------------------------------------|----------------------------------------------------------|---------------------|
| | | | | | |

SETTLEMENT OF TOTAL LOSS CLAIMS

In the event of a total loss we will appoint an independent assessor to investigate the loss. When settlement has been agreed we shall pay the amount(s) due less any policy excesses or premiums outstanding direct to your bank account. Please give your bank details below:

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| Name of Bank | Branch | Sort Code |
| Account Number | Account Name | |
| If the account is NOT in the name of the Policyholder, please state relationship between Policyholder and account holder to be credited | | |

DECLARATION (Please read before signing)

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We hold no other policy in addition to this one indemnifying me in respect of this claim. I/We have not withheld from the Insurers any information within my knowledge connected with the loss and I/we agree to provide the Insurers with any further information or documentation as may be required. I/We understand that any attempt to make a fraudulent accident claim will result in prosecution.

Signature of Policy Holder _____ Date _____

If this form has been compiled by another party on behalf of the Policyholder, will the compiler please complete the section below.

| | |
|-----------|------------|
| Name | Occupation |
| Address | |
| Post Code | |

DOCUMENTS REQUIRED

- | | | | |
|----------------------|--------------------------|---------------------------------------------|--------------------------|
| 1 This Claim Form | <input type="checkbox"/> | In addition for total loss claim | |
| 2 Repair Estimations | <input type="checkbox"/> | 3 Documents to establish ownership/lease | <input type="checkbox"/> |
| | | 4 Any documents to establish value of claim | <input type="checkbox"/> |
| | | 5 Photograph(s) if available | <input type="checkbox"/> |