

Household/Let Property Claim Form

Please attach any photographs showing the external damage and any resultant internal damage, together with any invoices for emergency repairs or estimates for rectification (please don't delay submission whilst waiting for an estimate). If you require any assistance in completing this form then please do not hesitate to contact the Claims Team on 01708 777710 between the hours of 9.00am and 5.30pm Monday to Friday. Please email the completed form and estimates (if available) to:

Weatherclaims@towergate.co.uk

Alternatively post to us: Towergate Underwriting Claims, Towergate House, St Edwards Court, London Road, Romford Essex RM7 9QD.

THIS FORM MUST BE FULLY COMPLETED, SIGNED AND DATED AND RETURNED WITH A COPY OF THE VALID PROPERTY POLICY SCHEDULE

| SECTION 1 – DETAILS OF POLICYHOLDER AN | ND POLICY | | | | | | | | | |
|--|-----------|---------------|------------------|------------|----------|--|----|-------------------|--|--|
| Policy No: | | | Household scheme | | L | et Prope scheme | | | | |
| Broker | | II. | | l | | | | | | |
| Policyholder - Title and Full Name | | | | | | | | | | |
| Correspondence Address | Addr | ess of P | Property Ins | ured (if d | ifferent |) | | | | |
| | | | - 17 - | | | / | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Postcode | Post | code | | | | | | | | |
| | Emai | I Address | S (If | | | | | | | |
| Contact Tel No: | access | sed regularly | y): | | | | | | | |
| (Between 9.00am – 5.30pm) | Are | you regis | stered for V | AT? | Yes | | No | | | |
| SECTION 2 - DETAILS OF WHEN, WHERE AN | D HOW LOS | SS/DAM | AGE OCC | URRED | | | | | | |
| Date of Loss/Damage | | | | | | | | | | |
| Where did Loss/Damage occur? | | | | | | | | | | |
| Has the leak been repaired? | | | | | Yes | | No | | | |
| | | | | | | | | | | |
| Who discovered it and when? | | | | | | | | | | |
| State fully the description and cause of the | | | | | | | | | | |
| Loss/Damage and how it occurred: | | | | | | | | | | |
| (please provide a full explanation as to the cause and damage caused) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Were the premises unoccupied at the time of the | loss? | | | | Yes | | No | | | |
| If Yes, when were they last occupied? | | | | | | | | | | |
| If yes, had the central heating system been drained | ed down? | | N/A | | Yes | | No | | | |
| Were the premises furnished for normal occupation at the time of the loss? | | | | | Yes | | No | Ħ | | |
| Were any refurbishments taking place at the property? | | | | | Yes | | No | $\overline{\Box}$ | | |

| SECTION 3 – DAMAGE – DETAIL | S OF CLAIM | | | | | | | | | |
|--|---------------------------------------|--|-----|--------|--|--|--|--|--|--|
| Estimated full cost of repair – buildings | £ | Estimated full cost of repair contents | £ | | | | | | | |
| Please attach your estimates to t | | | | | | | | | | |
| N.B If you are still awaiting estimates don't delay in sending us this completed form and a copy of your | | | | | | | | | | |
| valid Insurance schedule. If estimate(s) are being obtained and will be sent at a later date please tick the box | | | | | | | | | | |
| ONLY EMERGENCY WORK TO PREVENT FURTHER LOSS MAY BE UNDERTAKEN. UNDER NO CIRCUMSTANCES | | | | | | | | | | |
| SHOULD FULL REPAIRS BE CARRIED OUT WITHOUT UNDERWRITERS PRIOR CONSENT | | | | | | | | | | |
| Has emergency work been carried | out (e.g. to protect the pro | perty/prevent further | Yes | ∐ No ∐ | | | | | | |
| damage) SECTION 4 – NOMINATION | | | | | | | | | | |
| Do you wish to nominate another person to deal with the claim on your behalf? | | | | | | | | | | |
| Nominee Name | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| Address | | | | | | | | | | |
| , | | | | | | | | | | |
| | 1 | | | | | | | | | |
| Postcode | | Contact Telephone number | | | | | | | | |
| Please be aware that this would include any settlements due unless you specifically state otherwise. | | | | | | | | | | |
| SECTION 5 – NOTICE | | | | | | | | | | |
| Towergate Underwriting Group Ltd will act on behalf of insurers in handling your claim and in the absence of your advices to the contrary, will assume your informed consent to your claim being handled on this basis. | | | | | | | | | | |
| Please note that insurers pass information to the claims and underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd) | | | | | | | | | | |
| The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. | | | | | | | | | | |
| In accessing claims made insurers may also undertake checks against publicly available information as necessary such as electoral roll, county court judgements, bankruptcy orders or repossessions. | | | | | | | | | | |
| Some of the information which you give us about this claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them, and we may ask them to pay a contribution to this claim. A contribution payment is normal practice where two or more policies cover the same thing. If another company contributes to your claim with us, it should not affect any no claims discounts you may have with them. | | | | | | | | | | |
| SECTION 6 – DECLARATION | | | | | | | | | | |
| I/we understand that you may ask for information from other insurers to check the answers I/we have provided. I/we declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned. If there is more than one person named as the policyholder, you must provide signatories of all. | | | | | | | | | | |
| Please be advised that in handling this claim, Towergate Underwriting will act on behalf of the insurer(s) and that by returning the claim form to us you confirm your informed consent to the claim being handled on this basis. | | | | | | | | | | |
| Date : | Signature(s) of P | olicyholder(s) : | | | | | | | | |

Please email the completed form and estimates (if available) to:

<u>Weatherclaims@towergate.co.uk</u> .Alternatively post to us: Towergate Underwriting Claims, Towergate House, St Edwards Court, London Road, Romford Essex RM7 9QD.