

Pleas	e tick the box of the branch that looks after your policy and return to:	St Giles Insurance & Finance Services Ltd
	104 New Bond St, London W1S 1SU	Tel: 0207 629 3176
	8 Rodney St, Liverpool L1 2TE	Tel: 0151 709 1911
	17 Headlands Business Park, Salisbury Road, Ringwood, Hants BH24 3PB	Tel: 01425 475 100

Policy Number:

And/Or See Copy Schedule Enclosed

Details of Insured and Claimant

Claimants Name (Mr/Mrs/Miss etc plus Forenames and Surname)					
Policy Holders Name					
Address where damage occurred (include flat number / communal areas where appropriate)					
Address					
Postcode					
Telephone Numbers					
Home					
Work					
Mobile					
Email Address					
Are you registered for VA	AT Yes / No If Yes please provide VAT Number:				

Details of Loss

When did the loss / damage occur or alternatively when was it discovered?						
Day	Month		Year		Time	
How did the loss/damage occur? If water damage, please give precise details of the cause						
If water damage, please confirm if it has been remedied			Yes / No			
If no, when do you anticipate it will be fixed		Date:				
Were the premises unoccupied at the time of loss? Yes / No						
If you when were they last accupied?			Date:			
If yes, when were they last occupied?			Date:			

For Theft, Malicious Damage, Vandalism claims please advise:				
When was the loss / damage reported to the Police and by whom?				
To which Police Station				
Police Crime Reference Number? Theft/Malicious Damage claims won't be settled without one				
How was access gained to the premises?				
Were the premises securely locked at the time of the loss?	Yes / No			
Regardless of claim type, do you suspect any person(s) caused the				
Loss / Damage to the Property?	Yes / No			
If yes, please provide details?				

Details of Claim

Whenever possible, please attach a detailed estimate(s) for repair or replacement and photos of the damage. Please ensure that all damaged property is protected from further deterioration and is kept until permission to dispose of it is received from the insurer or their representative

Description of Property Lost, Destroyed or Damaged?	Estimated Cost of Repair / Replacement
	£
	£
	£
	£

Additional Information

Please provide any additional information to support your claim i.e. if you are notifying or submitting it more than 30 days after the date of loss or discovery then please advise why this is the case

Declaration

I / We hereby declare that to the best of our knowledge and belief all information given on this claim form is correct

Date