



POSTCODE	POLICY No.

Riot (Damages) Act Claim Form - Policyholder

PLEASE USE A SEPARATE FORM FOR EACH INSURED PREMISES.

This claim form is for use when the loss claimed is also the subject of an insurance claim. It should be completed by or on behalf of the Insured party. In parallel, the claim form headed "Riot (Damages) Act Claim Form - Insurer" should be completed by or on behalf of the Insurer. Both completed forms will be submitted by Loss Adjusters or the Insurer under cover of one letter.

Please use either BLOCK CAPITALS if completing by hand, or type your answers into an electronic version of this form. Please use continuation sheets as necessary. If completing an electronic version, please expand the fields as required.

Are you attaching any continuation sheets to this form? Yes/No If yes, how many pages?

Name of Insured

Address of Insured

Postcode

Address of property relating to the claim (if different)

Postcode

Name of Loss Adjuster_

Loss Adjuster's reference_

Loss Adjuster's firm and business address

Please give the following details of the person completing this form:

Full name

Position and organisation (unless you are yourself the Insured)

Address _____

Postcode

Telephone number _____ E-mail address _____

Is the property claimed for business property? Yes / No

If yes, please give a brief description of the type of business carried out _____

Is the Insured registered for VAT purposes? Yes / No If yes VAT Reg. No

IMPORTANT All damaged property must be protected from further deterioration and should not be disposed of until written permission is given by the Loss Adjusters appointed by the Insurer.

Section 1

Is the Insured: owner-occupier/landlord/tenant/other? _____

(Full details of the Insured's interest in the premises should where possible be given here or in a continuation sheet).

Has anyone else a financial interest in the property, e.g. as owner, tenant or under a mortgage? Yes / No

If 'yes' please give details _____

Section 2

Please complete the details below as applicable and state: Insurers' name _____

Policy number _____ Period of cover: from _____ to _____

	Buildings	Contents	Stock	Fixtures and Fittings	Business Interruption
Deductible/Excess					
Sum Insured					



Maximum Indemnity Period	N/A	N/A	N/A		
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Is the sum insured based on a declared value? Yes / No

Additional Information: any additional relevant information about the scope of the insurance (for example, where cover is extended to provide for the cost of renting alternative premises) should be provided here or on a continuation sheet _____



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Section 3

Please give the following information about the circumstances in which the loss / damage occurred:

- (a) When did it happen? At _____ a.m./p.m. on _____
- (b) Where did it happen (include the post code)? _____
- (c) How did it happen? Please give as full details as you can, e.g. number of people in the disturbance (including those in the immediate surrounding area such as your street), what they did, precise locations, duration, any use of violence, noise, etc. _____
- (d) Can you produce any supporting material, such as video or CCTV footage, newspaper reports, witness statements etc. which will assist in confirming the nature of the incident giving rise to the loss / damage? Yes / No
- (e) If yes, have you attached it to this form? Yes/ No.
- (f) If you have not, when will you be able to produce it? _____
- (g) In the case of damage to or destruction of buildings (including outbuildings) or any related structures or land within the boundaries of the property, please state:
- (i) The age of each building or other structure damaged _____
- (ii) Briefly, the extent of the damage to each building or related structure or land _____
- (h) In the case of damage to or destruction or theft of property / contents / stock in any buildings or any related structures or land, please state briefly (you will be able to list it fully in a later section of this form) the extent of the damage, destruction or theft _____

Section 4

Please state, if known:

- (a) The date the Insured informed the police _____
- (b) The address of the police station _____
- (c) The police crime reference on any document given to you _____

Section 5 CLAIM DETAILS - PHYSICAL LOSSES

Please provide photographic evidence if available. Relevant invoices / receipts and repair estimates should be attached to this form where available, along with stock listings and invoices where damage to stock is being claimed.

BUILDINGS:
respect

The claim form should be accompanied by three **builder's detailed estimates** where available in respect of the repair works required, consistent with the details given in Section 3(g) and (where applicable) the continuation sheet.

Is a builder's estimate enclosed? Yes / No If no, please give reasons why not _____

If repair works are not planned to be carried out to the building(s) please give the value of the building(s) prior to the damage: £_____ and the value of the building(s) following the damage: £_____. These values should be supported by written evidence from an appropriately qualified professional.

Please state the total amount claimed for buildings: £ _____ less any deductions for betterment.

Is the Insured making an insurance claim for the whole of the building repair costs? Yes / No



If no, please identify which costs relating to the buildings claim are not being claimed under the policy _____

CONTENTS AND STOCK: A list of the articles destroyed, stolen or damaged should be detailed in the table below. If additional space is required, please enlarge the fields or use continuation sheets. Please indicate if any item for which you are claiming, e.g. a television receiver, is on hire. You should give as much information as possible in respect of the lost, stolen or damaged item (using a continuation sheet if necessary) i.e. MAKE — MODEL — SERIAL NUMBER. If a number of identical items were damaged it is not necessary to make a separate entry for each unless the damage is substantially different. Please indicate in column 1 where a claim is for a number of identical items suffering similar damage.

Where any information is not currently available please enter "TBC".



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ITEM No.	DESCRIPTION OF PROPERTY FOR WHICH THIS CLAIM IS MADE (1)	DATE OF PURCHASE (if uncertain please give approximate dates) (2)	DESTROYED, DAMAGED OR STOLEN (3)	VALUE AT TIME OF LOSS OR DAMAGE (after allowing - where appropriate - for previous wear and tear) £ (4)	BASIS OF CLAIM (Please state whether you are claiming "REPAIR", "REPLACEMENT " or REDUCTION IN VALUE("RIV")) (5)	COST OF REPAIR or REPLACEMENT, or CLAIMED REDUCTION IN VALUE (as applicable) £ (6)	SALVAGE VALUE (if applicable) £ (7)	FUNDING SECURED FROM ANOTHER SOURCE (e.g. Local authority Scheme) (if applicable) £ (8)	SUM CLAIMED (Column 6 figure minus any applicable column 7 figure) £ (9)	TICK IF INSURANCE CLAIM MADE FOR ITEM (10)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Current Estimated Value of Contents/Stock Claim:	£	Insert total of all figures in column9
Under uninsured - Amount of Claim (if relevant)	£	Insert total



[There has been substantial [destruction / damage / theft of] [stock and / or contents] such that it is not possible to provide an itemised list at the present time. Further Information in outline is provided on the Continuation Sheet.] ***Delete all or part of the preceding text and include any available and appropriate information by way of Continuation Sheet as applicable.***



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PROPERTY OWNED BY THIRD PARTIES

If you are making a claim in respect of contents or stock owned or partially owned by a third party, please give details of the contents and / or stock ownership below. Please use the damage item number from the above table.

Damage Item No. (1)	Name and address of third party (2)	Description of third party's interest in property (3)	Proportion of ownership, if applicable (e.g. third party 25%, insured 75%) (4)

CLAIM DETAILS - CONSEQUENTIAL LOSSES

Please note that provision on this form of details of consequential losses does not mean that any award for consequential losses will necessarily be made. Consequential losses are losses which the insured actually incurs as a consequence of damage to or loss of the insured's property such as: loss of profit for a business; any increased cost of working sustained by a business; loss of rent; or the cost of renting alternative premises.

These details should be completed ONLY if the Insured has actually incurred adverse financial consequences as a result of the damage, destruction or theft of the property. Documentation should be provided to support the duration and amount of any consequential losses claimed. Where any information is not currently available, enter "TBC".

Is a claim being made for consequential losses? Yes / No / TBC.

ITEM NUMBER	NATURE OF LOSS (1)	DURATION OF LOSS, INCLUDING WHETHER CONTINUING (2)	AMOUNT OF LOSS CLAIMED, INCLUDING PREDICTION OF FUTURE LOSSES IF APPLICABLE £ (3)	TICK IF INSURANCE CLAIM MADE FOR ITEM (4)
1.				
2.				
3.				

Total: £

Apart from what you are providing with this form, are you going to provide any more information or documents about the affected buildings / property or the sums the Insured is claiming? Yes / No

If yes, what further information or documents to you expect to provide, and by when? _____

DECLARATION

If this claim is in any way fraudulent, unfounded, exaggerated or involves a false declaration, you may be committing a criminal offence and all benefit under any applicable insurance policy may be forfeited.

I confirm that I am the Insured.

I declare that all answers in this claim form and any applicable continuation sheets are true and complete to the best of my knowledge and belief. The Insured hereby claims for the loss or damage. I understand that you may seek information from other insurers or other sources to check the answers I have provided. I understand and agree that information in this form may be shared for fraud prevention purposes and for the purposes of establishing the existence and extent of any riot.



Signature: _____

Name: _____

Position: _____

Date: _____



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CONTINUATION SHEET - Riot (Damages) Act Claim Form - Insured

Name of Insured

Address of property relating to claim_(include post code)

Date completed_

Section of main form	Additional information