

# CLAIM FORM

**IMPORTANT:** The issue of this form is not an admission of liability. Incomplete forms will be returned and may delay the processing of your claim.

**SECTIONS A, C & D must be fully completed. SECTION B required for loss, theft, malicious damage.**

Please state "N/A" if any of the questions do not apply to you.

**PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO IPH WITHIN 14 DAYS.**



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## SECTION A – GENERAL DETAILS

Policy no.: \_\_\_\_\_ Trading name: \_\_\_\_\_

### Name of Insured

Limited company name (if applicable): \_\_\_\_\_

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Occupation / role at company: \_\_\_\_\_ Email address: \_\_\_\_\_

### Telephone Numbers

Mobile: \_\_\_\_\_ Business: \_\_\_\_\_ Home: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Address of location where incident occurred: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date of incident or damage: 

D	D	M	M	Y	Y	Y	Y
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 Time of incident or damage: \_\_\_\_\_

### Details of witness, if different to Insured:

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address of witness: \_\_\_\_\_ Postcode: \_\_\_\_\_

Full circumstances of incident including cause (MUST COMPLETE), please use additional paper if not enough room:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the premises occupied at the time of the incident?  Yes  No

— If **No**, when was the last time they were occupied? Time: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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Are you still able to trade?  Yes  No

Have you any reason to suspect that the incident arose through the actions of any particular person?  Yes  No

— If **Yes**, please state full details: \_\_\_\_\_

Are you registered for VAT?  Yes  No  Partial (%): \_\_\_\_\_

Are you registered for flat rate?  Yes  No

— If **Yes**, please provide the registration letter from HMRC

Has any other person an interest in the property?  Yes  No

— If **Yes**, please state name(s) and interest(s) Name: \_\_\_\_\_ Interest: \_\_\_\_\_

Is there any other insurance covering the property?  Yes  No

— If **Yes**, please state full details: \_\_\_\_\_

Have any other steps been taken to recover property / mitigate the loss? \_\_\_\_\_

Please list all previous claims \_\_\_\_\_

## SECTION B – FURTHER INFORMATION REQUIRED IN THE CASE OF LOSS, THEFT OR MALICIOUS DAMAGE



Crime reference number: \_\_\_\_\_

Police station notified: \_\_\_\_\_

Date police were notified:

Police officer: \_\_\_\_\_

Are the premises protected by an alarm?  Yes  No

— If **Yes**, did it operate?  Yes  No

## SECTION C – CLAIM SUMMARY

Description of property lost or damaged	Date acquired	Place of purchase	Cost of repair / replacement	Original cost	Amount claimed
<b>Total claim amount</b>					

## SECTION D - DECLARATION

Once you have fully completed this form, please return it along with the following items to us:

- Photographs of the damage(s)
- All invoices/quotations amounting to the total claim
- Make, model and serial number for all electric items
- Flat rate VAT letter from HMRC (if applicable)
- Any other documents to prove the claim

Settlement cheque(s), if any, should be issued in the name of the:

Insured Person  Trading Name  Limited Company

Alternatively, please forward us your bank account details to facilitate BACS bank transfer payment.

Please read the following carefully before signing.

By ticking this box and returning this form, I/we declare that the information provided is correct to the best of my/our knowledge and belief.

**DAMAGED PROPERTY SHOULD BE PROTECTED** from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters. If the claim is for repairable damage e.g. buildings, a Tradesman's estimate will be required.

**DATA PROTECTION NOTICE** - IPH Insurance Services (UK) Ltd's privacy policy is available at <https://www.iphinsurance.com/privacy-policy> By submitting information to IPH relating to any identifiable individual, you represent that you have authority to provide that personal information to IPH. With respect to any individual about whom you provide personal information to IPH, you agree: (a) to inform the individual about the content of the Privacy Policy; and (b) to obtain any legally-required consent for the collection, use, disclosure, and transfer (including cross-border

transfer) of personal information about the individual in accordance with the Privacy Policy.

If you email your completed form to us, we advise you to password encrypt the file in order to protect your sensitive information.

**VERY IMPORTANT - FRAUDULENT AND EXAGGERATED CLAIMS**

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment of acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it.

**FAILURE TO DO THIS MAY RESULT IN YOUR POLICY BECOMING INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.**

Signature: \_\_\_\_\_

Date: