

PROPERTY CLAIM FORM



Claim number

PRIVACY NOTICE

The following information is required in order to process your claim. This will need to be shared with the insurer and any parties they may appoint such as loss adjustors or reinsurers. In addition, many insurers will share details with agencies involved in the prevention or detection of fraud or financial crime.

Our Customer Privacy Notice provides details of how we use and share your information as well as your rights and how to exercise them.

You can access it at www.thecleargroup.com/privacy-policy or contact us if you would like us to send you a copy.

Where you provide information relating to another person we assume you have a lawful basis for doing so and request that you draw our privacy notice to their attention.

COMPLETING YOUR FORM

We recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary and if completing by hand, please use block capitals. If completing by hand, please use block capitals.

In addition you should:

1. Note that insurers have deadlines for submitting claim forms so do not delay returning this form. If the claim form is submitted late, insurers may decline your claim;
2. Telephone us on 020 8329 4995 if you need assistance with completing this form;
3. Undertake any temporary **emergency** repairs necessary to secure your property and prevent further damage;
4. Retain all damaged items as insurers may wish to inspect them;
5. Provide all documentation in support of your claim including two repair estimates and photographs of the damage.

1. INSURED

Insured Name:

Policy Number:

Correspondence address:

Telephone Number:

Fax Number:

Email address:

Are you the: Owner Tenant Agent

Business/occupation:

Are you VAT registered?

Please provide the details of who we should contact regarding this matter if it is not the Policyholder. Please note that this person must be authorised by the Policyholder to discuss this incident on their behalf.

Name:

Position/title:

Telephone number:

Email address:

4. SETTLEMENT

In the event of your claim being accepted, a cheque will be issued to the Policyholder. If you require the cheque to be made payable to a different person or company, please state the full payee name here:

5. DECLARATION

Please tick to declare that the details given on this form are true and complete and to the best of your knowledge

Name:

Date:

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