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ADDRESS: 11 CHESHIRE STREET, MARKET DRAYTON, SHROPSHIRE TF9 1PD

CLAIM FORM: MATERIAL DAMAGE

WHEN COMPLETING THIS FORM, PLEASE TICK THE APPROPRIATE BOXES AND ANSWER ALL QUESTIONS USING BLOCK CAPITALS.

CLUB DETAILS: COMPLETE FOR ALL CLAIMS

POLICY NUMBER:

NAME OF CLUB:

ADDRESS:

POST CODE:

ARE THE CLUB REGISTERED FOR VAT? (PLEASE TICK): YES: NO:

CLUB CONTACT:

EMAIL: TELEPHONE:

IF YOUR CLAIM IS ACCEPTED PLEASE INDICATE YOUR PREFERRED METHOD OF PAYMENT & PROVIDE DETAILS:

BACS TRANSFER (PLEASE TICK) <input type="checkbox"/>	CHEQUE (PLEASE TICK) <input type="checkbox"/>
ACCOUNT NO: <input type="text"/>	PAYEE: <input type="text"/>
SORT CODE: <input type="text"/>	FORWARDING ADDRESS: <input type="text"/>
NAME ON ACCOUNT: <input type="text"/>	<input type="text"/>

INCIDENT DETAILS: COMPLETE FOR ALL CLAIMS

INCIDENT DATE: INCIDENT TIME:

INCIDENT LOCATION:

WHO DISCOVERED THE LOSS/DAMAGE:

WHEN WAS THE LOSS/DAMAGE DISCOVERED:

DESCRIBE THE CIRCUMSTANCES OF THE LOSS:

IS THERE ANY OTHER INSURANCE POLICY IN FORCE THAT MAY COVER ANY OF THE ITEMS YOU ARE CLAIMING FOR? (IF YES PROVIDE DETAILS):

YES: NO: DETAILS:

HAVE YOU SUFFERED ANY OTHER LOSS OR DAMAGE IN THE LAST 3 YEARS? (IF YES PROVIDE DETAILS):

YES: NO: DETAILS:

WHAT PRECAUTIONS HAVE TAKEN PLACE TO PREVENT THE OCCURENCE OF A SIMILAR INCIDENT:

WERE ANY WINDOWS OR DOORS DAMAGED? IF YES AND YOU ARE NOT THE OWNER OF THE BUILDING PLEASE STATE WHO IS RESPONSIBLE FOR SUCH DAMAGE UNDER THE TERMS OF A TENNANCY / LEASE AGREEMENT:

YES: NO: WHO IS RESPONSIBLE FOR REPAIRS:

POLICE DETAILS: COMPULSORY FOR CLAIMS INVOLVING THEFT OR VANDALISM / MALICIOUS DAMAGE

WERE THE POLICE NOTIFIED? (IF YES PLEASE COMPLETE FURTHER QUESTIONS):

YES: NO: WHEN WERE THE POLICE NOTIFIED:

CRIME REFERENCE NUMBER:

WHICH POLICE STATION WERE NOTIFIED:

BREAK-IN CLAIMS: COMPLETE THIS SECTION WHERE UNAUTHORISED ACCESS WAS GAINED AT YOUR PREMISES

DESCRIBE HOW THE PREMISES WERE ENTERED:

ARE THE PREMISES PROTECTED BY AN ALARM? IF YES THEN PLEASE SPECIFY THE SIGNALLING TYPE: + BELLS ONLY; + CALL HOLDERS; + CENTRAL STATION MONITORING; + REDCARE / DUALCOM.

YES: NO: TYPE:

IF THERE IS AN ALARM, DID IT OPERATE? IT NOT, PLEASE STATE REASON WHY:

YES: NO: N/A: REASON WHY:

IS THERE A MAINTENANCE AGREEMENT IN FORCE FOR THE ALARM? IF YES THEN PLEASE STATE THE NAME OF THE COMPANY THAT MAINTAIN THE ALARM.

YES: NO: N/A: NAME OF COMPANY:

DOES THE CLAIM INVOLVE THEFT OF ANY MOTORISED PLANT OR EQUIPMENT? IF YES THEN PLEASE PROVIDE DETAILS OF WHERE EXACTLY IT WAS STORED AND WHAT SECURITY WAS IN PLACE TO PREVENT THE THEFT:

YES: NO: WHERE STORED:

DESCIPTION OF SECURITY:

