

Please return to:

Claims Department, COBRA Insurance Brokers Ltd
 Quadrant House, Croydon Road
 Caterham, Surrey, CR3 6TR

Please complete fully in **BLOCK CAPITALS**

T: 01883 346346 F: 01883 330222 E: claims@cobrainurance.co.uk

1. INSURED

a. Name:	
b. Address:	
c. Telephone Number:	
d. Fax Number:	
e. Business/Occupation:	
f. Are there any other insurances covering this incident, if so please give details:	
g. Are you the sole owners of the property damaged or lost?	
f. Value Added Tax. Are you a registered person or company?	

2. CIRCUMSTANCES

a. Date/Time of loss or damage:	
b. Where did the loss or damage occur?	
c. Describe fully how the loss or damage occurred:	
d. Who discovered the loss or damage?	
e. Was any person(s) responsible for the loss or damage and if so who and what is their address?	
f. If a fire, were the brigade called?	
g. If theft or malicious damage, state full address and crime reference no. of Police Station to which notice was given with time and date.	
h. If theft, how was entry gained to the premises?	
i. If theft, is the premises alarmed and did it sound ?	<u>Yes/No</u>

3. DETAILS OF CLAIM

a. Address where the property is normally kept:	
b. Are the premises unoccupied? If yes, please state when last occupied:	
b. Have any changes been made in the insured premises since inception/renewal? If yes, please provide details:	
c. Have you suffered any previous loss or damage from risks covered by this policy, or similar policies in the last five years? If yes, please provide details:	

Description of Property for which you are claiming	From whom purchased	Date of Purchase or Manufacturer	Original cost price (less profit and VAT)	Value of Salvage	VAT if claimed	Net claim ((i.e. replacement/repair less salvage, profit and VAT)

Insurance companies maintain a number of anti-fraud and theft registers to help check information and prevent fraudulent claims. Insurers may search these registers as part of their investigations and will pass information relating to this incident to the appropriate register(s) for the future reference of other parties.

4. DECLARATION

I/we declare that all particulars on this form are true and correct:

Name: Signature:

Status of Signatory: Date:

Please complete and return this form to COBRA Insurance Brokers as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to COBRA Insurance Brokers or the Insurer. If the claim is for repairable damage i.e. buildings, then a Tradesman's estimate will be required.