



Insurance Scheme Claim Form

Please complete this form in full answering the questions to the best of your knowledge and return to:

RCA Claims Team, COBRA Insurance Brokers,
Quadrant House, Croydon Road, Caterham, Surrey, CR3 6TR

NOTE: Please use separate sheet(s) of paper to respond to questions where there is insufficient space on the form

A. POLICYHOLDER

i. Name:

ii. Address including full postcode:

iii. Telephone Number:

iv. Email Address:

v. Business or Occupation:

vii. Are you registered for VAT:
Yes/No

B. SITUATION OF LOSS

i. Address (if different from the above)::

ii. Are you the owner or occupier of the premises?
Yes/No

If 'No' please give details:

iii. Was the premises occupied at the time of the loss?
Yes/No

If 'No' please give details:

iv. Have you sustained any previous loss or damage in the last 5 years?
Yes/No

If 'Yes' please give details:

C. CIRCUMSTANCES

i. Date and Time of Loss/Damage:

ii. Date and Time the Loss/Damage was discovered and by whom::

iii. Details of circumstances::

iii. If damaged caused by a Third Party (e.g, contractor or tradesman), please give details and identity if known:

iv. Name and address of Witnesses, if any:

D. THEFT FROM PREMISES

i. How was entrance to and exit from the premises gained:

ii. Has the thief been identified?

Yes/No

iii. Has any arrest been made?

Yes/No

If 'Yes' to either of the above questions, please give details:

iv. Are the premises protected by an alarm?

Yes/No

If 'Yes' give details of its operations (e.g. bells only, central station connection including maintenance contract):

v. Was alarm operational and activated at time of loss?

Yes/No

If 'No' give further details

vi. Were there any other security measures in place at the time of the loss?

Yes/No

If 'Yes' give details:

E. POLICE/OTHER AUTHORITIES

i. Were the Police informed of the Loss?
Yes/No

If 'Yes' give details including attending officer's name and number, station where based and when it was reported:

ii. Crime reference (if applicable):

iii. Did any other authorities attend loss e.g. Fire Brigade?
Yes/No

If 'Yes' give details:

F. PROPERTY LOST/DAMAGED

i. Have instructions been given to undertake repairs or otherwise secure the premises?
Yes/No

If 'Yes' give details:

Item	Who owns the item	Cost of Repair/replacement	Age of items & actual cost	Amount claimed	Value of Salvage
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E. DECLARATION

I/We hereby declare that the above information given is true to the best of my/our knowledge and belief and I/We claim the amount stated above in respect of the items mentioned.

Signature:

Date:

Print Name:

Position:

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If you have any questions, contact the RCA Claims Team on 01883 346346