



THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

In the event of a serious loss or damage inform the exchange immediately.

Name and Address of Assured.....Telephone No: Work.....
Home.....

.....Policy No:.....

Postcode.....Occupation.....

Address or location where loss or damage occurred.....Give names and addresses of any witnesses
.....
.....

Full circumstances of Loss and/or damage including cause:
.....
.....
.....

Date of Loss or Damage.....Were the premises unoccupied at the time of
loss. If so, when were they last occupied?
.....

FURTHER INFORMATION REQUIRED IN THE CASE OF LOSS BY THEFT OR MALICIOUS
DAMAGE.

When and at which Station were Police notified.....
Please give Police incident number.....
Are the premises protected by an alarm?.....
If so, did it operate.....

What method of entry was used?.....

Have any other steps been taken to recover the property.....

Has any other person an interest in the property.....
If so, state name(s) and interest(s):.....
.....

...contd

Please list all previous losses:.....  
.....  
.....

Is there any other insurance covering the property.....  
If so, state full details.....  
.....

Have you any reason to suspect that the loss arose through the actions of any particular person:.....  
If so, then please give full details.....  
.....

**DETAILS OF CLAIM.**

**WHEN SUBMITTING THIS CLAIM FORM FOR LOSS OR DAMAGE TO PROPERTY YOU WILL REQUIRE:-**

**IF THE ARTICLE CAN BE REPAIRED 2 DETAILED ESTIMATES FROM TRADESMEN GIVING FULL DETAILS OF THE WORK NECESSARY.**

**IF REPLACEMENT IS BEING CLAIMED 2 REPLACEMENT ESTIMATES.**

**KINDLY COMPLETE THE NEXT PAGE DETAILING ITEMS LOST OR DAMAGED.**

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**DECLARATION:**

**I/WE HEREBY CLAIM FOR LOSS BY DESTRUCTION OR DAMAGE OR LOSS AND DECLARE THAT ALL INFORMATION ON THIS CLAIM FORM IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE OR BELIEF.**

Date.....Signature of Policy Holder/s.....

Claims Underwriting Exchange

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your claim we may search this register. In the event of a claim, the information you supply on this claim form together with other information relating to the claim will be provided to participants.

**WHEN YOU HAVE COMPLETED THIS FORM, SEND IT DIRECTLY TO:-**

**ITEX  
PO BOX 5153,  
CHELMSFORD,  
ESSEX  
CM2 8WN**

Description of Property and/or items lost or damage	Date Purchased	Name and address of person from whom article was purchased	Replacement Cost	Estimate cost of repairs	Age of items	Value at the time of loss after allowing for age and wear.	Amount claimed after allowing for value of salvage or cost of repair
<p>INSURANCE INTERMEDIARIES TRUST EXCHANGE</p>							