

Personal Property Claim Form (Forces)

If your Property has been lost, stolen, or maliciously damaged, you must inform the Police as soon as possible.

You should carry out any emergency repairs which are needed to protect your property or prevent further loss or damage, as soon as possible. Please retain estimates and invoices for all work carried out, and send them to us with this form.

Please do not dispose of any damaged property without our prior consent as we may wish to inspect it.

Policy Number _____ Service No _____
Name of Insured _____ Marital Status _____
Name of Regiment _____ Rank _____
Private Address _____ Home Telephone _____
_____ Mobile Telephone _____
Correspondence address _____ Work Telephone _____

Quarters: **Married / Single**

Location of premises or place where loss or damage occurred: _____

Date of loss or damage _____ Time: _____ am/pm

Explain fully how the loss or damage occurred: _____

When was the loss or damage discovered? Date _____ Time _____

By whom was the discovery made? _____

When was the property last seen? Date _____ Time _____

For Theft or Loss : Date the Police were notified? _____ Crime Reference _____

Address of Police Station _____

Total value of the contents of property at the time £ _____

Is the property, or any part, let or sub-let? Yes No

How many nights has the property been unoccupied during the last year? _____

Was anyone in the property at the time of the theft. Yes No

If Yes please give names and addresses:-

Have you ever sustained a loss, or claimed against any insurer for any of the risks Included in the policy under which this claim is made? Yes No

If yes please give insurer _____ Policy/Claim No _____ Amount of Claim £ _____

Return to: Abacus Claims Unit, PO Box 3067, Eastbourne, BN21 9FW or Fax to: +44 (0) 8452301270

Is the property owned by you or members of your family permanently residing with you? Yes No

If No please state the name(s) of any other interested parties and the nature of their interest _____

Is the property mainly used in connection with business? Yes No

In the respect of damage to buildings or landlords fixtures (including internal decorations), are you responsible for the repair of such damage under the terms of the tenancy agreement? Yes No

Was there, at the time of occupancy, any other existing insurance, effected by you or any other persons, on the property for which this claim is made? Yes No

If yes please give insurer _____ Policy/Claim No _____ Sum Insured _____

Particulars of the claim to be given in detail

We will be able to handle your claim more quickly if you are able to give us the make and model number. Please refer to the original receipt or instruction book to find this information. If you cannot provide the make and model number, please describe the product features in detail on a separate sheet.

| Product & Make (e.g. TV, Carpet, Jewellery etc.) | Model Number | Date of purchase | Original Purchase Price | Value at the time of the loss after allowing for Age & Wear | Amount Claimed |
|--|--------------|------------------|-------------------------|---|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Amount claimed | | | | | £ |

Secondary Contact if you are not available : _____

Contact Number _____ Relationship to insured _____

If payment to be issued to any party other than insured named on policy please give details including reasons

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. This information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

I/We declare the particulars given on this form to Abacus Claims Unit are true and complete.

I/We understand that you may seek information from the other insurers to check the answers I/we have provided.

Tick this box to confirm above declarations and all details given are correct and truthful

Return to: Abacus Claims Unit, PO Box 3067, Eastbourne, BN21 9FW or Fax to: +44 (0) 8452301270