

# Senior Wright Ltd

## PROPERTY CLAIM FORM

BOUNDARY HOUSE, 7/17 JEWRY STREET, LONDON EC3N 2EX

Please complete this form and return promptly to Senior Wright Limited

Name (Block Capitals) \_\_\_\_\_ Policy Number \_\_\_\_\_  
Address \_\_\_\_\_ Renewal Date \_\_\_\_\_  
\_\_\_\_\_  
Telephone No \_\_\_\_\_  
Occupation \_\_\_\_\_  
Are you registered for VAT purposes? Yes/No \_\_\_\_\_ If Yes VAT Reg No. \_\_\_\_\_

(1) Please give the following information about the loss/damage

- a) When did it happen? At \_\_\_\_\_ am/pm on \_\_\_\_\_ Where did it happen \_\_\_\_\_  
b) How did it happen? \_\_\_\_\_

If the damage is to the building, please state:

- c) Age of building \_\_\_\_\_  
d) Briefly, the extent of the damage \_\_\_\_\_

(2) Are you insured under any other Policy for this loss? Yes/No

If "Yes" please give the Insurers Name & Policy No. \_\_\_\_\_

(3) Has any one else a financial interest in the Property, e.g. as owner or under a mortgage? Yes/No

If "Yes" please give details \_\_\_\_\_

(4) Have you ever made a property claim on an Insurer? Yes/No

If "Yes" please state

- a) Nature of Claim \_\_\_\_\_  
b) Name of Insurers \_\_\_\_\_  
c) Amount Paid £ \_\_\_\_\_

(5) In the case of theft, please give the following information about your premises:

- a) How were they entered? \_\_\_\_\_  
b) Were they occupied at the time? Yes/No  
c) If "no", when were they last occupied? \_\_\_\_\_  
d) Were they furnished for full habitation? Yes/No

(6) In the case of theft, loss or malicious damage, please state

- a) The date you informed the Police \_\_\_\_\_  
b) The address of the Police Station \_\_\_\_\_  
c) The Police reference on any document given to you \_\_\_\_\_

(7) Please give the estimated total value of your Property at the time of loss:

Buildings: Full rebuilding cost: £ \_\_\_\_\_ All the Contents: Full replacement value £ \_\_\_\_\_

I/We declare that the foregoing answers are true and complete.

I/We hereby claim for the loss or damage as set out in the following page of this form.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

