

SAGAR INSURANCE PROPERTY CLAIM FORM

Please complete this form and return to Sagar Insurances, 30 Willow St, Accrington, BB5 1LU

Tel:01254 391411 Fax:01254 872720

Email: claims@sagarinsurances.co.uk

Please note if you have suffered a theft, malicious damage or accidental loss the incident must be reported to the police as soon as possible. We ask you refer to your policy booklet and read carefully the conditions that apply to your claim

Policy Holder		Policy/Certificate No:	
Name:		Daytime Phone No:	
Address:		Evening Phone No:	
		Occupation	
		Date of Birth	
Are you VAT registered?	Yes/No	If yes please provide VAT Details	

The Event. Please answer all questions in this section

Date and Time damage discovered	
Please state in full how the loss or damage occurred. If further room is require please continue overleaf.	
In cases of theft, loss or malicious act . State date Police advised, name of station, officer and crime reference numbers.	
If the address at which the loss occurred is different to that above please state the location.	
If known. State name and address of person causing loss.	
In cases of theft please confirm how entry to your premises was gained.	

Property. Please answer all questions in this section

Does anyone other than the policyholder have a financial Interest In the property, eg mortgage. If the answer is yes please dive details	
If the property was unoccupied at the time of the Incident Please state when it was last occupied	
Please give details on any claim previously made against a property Insurer.	
Please advise the current Value of the insured property.	Buildings £ Contents £

Specify separately each room or building damaged or destroyed	Age of building or damaged item	Date when last decorated	Amount of estimate	Net amount claimed
			Total Claim	£

I/we declare that the above is a full and accurate statement and I/we therefore claim the sum of £ as the amount due to me/us in respect of the loss or damage to the property detailed. The damage property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters.

Notice. Insurers pass information to the claims and underwriting exchange register, run by insurance data base services limited and the motor insurance anti fraud and theft register run by the Association British Insurers. The aims to help us check information provided to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident which may or may not give rise to a claim. We will pass information relating to this incident to the registers

Data Protection. Insurers may use personal and business details you give us or which are supplied by third parties to provide you with a quotation, to administer your policy, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial enquiries as they consider necessary to evaluate the risk and to assist to making a decision regarding our acceptance of the risk, to support the development of their business by including your details in customer surveys and for market research and compliance reviews. They may also share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud. We will store your details on computer but will not keep them longer than necessary. Under the terms of the data protection act 1998 you are entitled to a copy of all the information they hold about you. Information may also be supplied to registers of lost or stolen property.

I declare the foregoing particulars to be correct according to my information and belief. I/We understand that you may seek information from other insurers to check the answers I/We have provided. This report is made in the bona fide that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Signature of Insured: _____ Date: _____