

Property Claim Form

We recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary.

In addition you should:

- telephone us or your insurance advisor if you need assistance
- undertake any temporary emergency repairs necessary to secure your property and prevent further damage
- retain all damaged items as we may wish to inspect them
- provide all documentation in support of your claim (although you should not delay submitting this form in the event that the necessary documentation is not immediately to hand)

Please return the completed form to your insurance advisor or the claims department at the address below:

BROKER STAMP

HISCOX

PO Box 420 Sittingbourne ME10 1WB UK
Telephone: +44 (0)870 084 3776 Facsimile: +44 (0)20 7448 6923
Website: www.hiscox.com Email: enquiry@hiscox.com



Property Claim Form

Your Details

1. Name:

2. Policy/Certificate No:

3. Correspondence Address:
Postcode

4. Risk Address: (if different)
Postcode

5. Telephone Number: Fax:

6. Email Address:

7. Are you the owner tenant other (please give details)

8. Are you VAT Registered? Yes No

9. Please provide details of the person we should contact regarding this matter if it is not yourself.
Please note this person must be authorised to discuss this incident on your behalf.

Name:

Position/title:

Telephone Number: Fax:

Email Address:

Circumstances of Loss

1. Date of loss:

2. Location of loss:

3. Brief circumstances of loss:
(Continue on a separate sheet if necessary)

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4. Have the police been notified? Yes No

If Yes, please give station and crime reference:

5. When was the property last occupied prior to the loss?

6. Is there any other insurance covering the property concerned? Yes No

If Yes, please give details:
(Continue on a separate sheet if necessary)

Claim Details

Full description of item(s) lost or damaged	Name of the owner	Purchase price of item	Age of item	Amount Claimed

In the event that your claim is accepted and you would prefer us to pay funds straight into your account, please fill in the details below:

Payment to be made by: (please tick preference)

Direct transfer to the bank account below:

Name and Address of Bank:

Postcode

Account Name:

Account Number:

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Sort Code:

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Cheque made payable to you

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Data Protection Act

By signing this Claim Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I declare that the details given on this form are true and complete to the best of my knowledge.

Name

Signature

Date



PO Box 420
Sittingbourne ME10 1WB
UK
Registered in England and Wales
Number 70234

Telephone: +44 (0)870 084 3776
Facsimile: 44 (0)20 7448 6923

Email: enquiry@hiscox.com
Website: www.hiscox.com

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