



Camberford
Underwriting

Material
Damage

Claim Form

MATERIAL DAMAGE CLAIM FORM

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND AS FULLY AS POSSIBLE, USING ADDITIONAL SHEETS IF NECESSARY. COPIES OF RELEVANT DOCUMENTATION SHOULD BE ATTACHED.

If you do not understand any terms in this form, please contact us for further information or visit www.camberford.com/glossary

THE INSURED

Policyholder Name:					
Policy Number:					
Occupation:					
Policyholder Address:					Post Code
Daytime Telephone Number:					
Email Address:					
Are You VAT Registered?					YES/NO
If YES, state whether you can recover VAT relating to the property for which you are claiming. <i>(Delete as applicable)</i>					
i) Completely	YES/NO	ii) Partially	YES/NO	iii) Not at all	YES/NO
If you can recover only partially, indicate reason and percentage recovery:					
If you cannot recover any VAT state reason:					

THE EVENT

Date and Time:	am/pm				
When and by whom discovered:					
If known, state name and address of person who caused the loss or damage:					Post Code
Address where the event occurred:					Post Code

State room(s) or area(s) affected:		
State fully what happened: <i>(if necessary, please continue on a separate sheet)</i>		
Are the premises protected by an Alarm?	YES/NO	
If YES, did it operate?	YES/NO	
If entry was illegal, which window(s) or door(s) was forced, or in what other manner was entry effected?		
Were the premises occupied at the time?	YES/NO	
If NO, state date and time they were last occupied:		
Time and date Police were advised		
Name of Police Station:		
Police Officer's Number:		
Crime Reference Number:		
NOTE: Police must be informed as soon as possible if the claim is for articles lost, stolen, maliciously destroyed or damaged		

LOST/DAMAGED PROPERTY		
Are you the owner?	YES/NO	
If NO, please state name and address of the owner:	Name: Address: Post Code	
Please state name(s) or any other party having an interest in the Property:		
Are there any other insurances on the Property?	YES/NO	
If YES, please state name, address and Policy Number of other Insurers:	Name: Address: Post Code Policy Number:	

State total value of Insurance Property:							
Buildings:	£	Contents:	£	Other Property:	£	Rent:	£
State nature of occupancy of premises:							
Are you responsible by agreement for the property?							YES/NO
If YES, please forward a copy of the Agreement							
Have you ever before made a claim of this nature on any Insurance Company or Underwriter:							YES/NO
If YES, please provide details below:							

Nature of Claim:		Date of Loss:	
Name of Insurers:		Amount Paid:	£

Nature of Claim:		Date of Loss:	
Name of Insurers:		Amount Paid:	£

BUILDING

- Tradesmen's estimates should be attached:
- If necessary, please continue on a separate sheet.

Description of Property Damaged or Destroyed	Age of Building/Damaged Property	Date when last decorated	Estimated cost of repair	Allowance for depreciation (Wear & Tear)	Net amount claimed
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£

CONTENTS

- Mark an "X" in the last column if articles are on loan, hire, or belong to a customer
- If necessary, please continue on a separate sheet.

Description of Articles (Please attach estimates for repairable articles)	From whom obtained (Name, Address & Receipt required)	Date Acquired/ Manufactured	Cost Price (net of profit/VAT)	Salvage Value	Net amount of Claim (less salvage, profit, depreciation & VAT)	VAT If claimed
			£	£	£	
			£	£	£	
			£	£	£	
			£	£	£	
			£	£	£	
			£	£	£	
			£	£	£	
			£	£	£	
			£	£	£	
			£	£	£	
			£	£	£	

LOSS OF RENT AND ALTERNATIVE ACCOMMODATION

RENT			ADDITIONAL COSTS
12 Months Rent	Period Unoccupied	Amount Claimed	Alternative Accommodation
£		£	£
£		£	£
£		£	£
£		£	£
£		£	£
£		£	£

DATA PROTECTION

HOW WE WILL USE YOUR DATA

The Basics:

Camberford Underwriting, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights:

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

www.camberford.com/privacy

Contact Details:

Camberford Underwriting
Data Protection Officer
7th Floor
Corn Exchange
55 Mark Lane
London
EC3R 7NE

DECLARATION

The submission of a fraudulent or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a Claim, may invalidate the whole claim and lead to your Policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this Claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

NAME (PRINTED):	
POSITION:	
SIGNATURE:	
DATE:	