



Camberford
Underwriting

Efficacy &
Contractual
Liability

Claim Form

EFFICACY & CONTRACTUAL LIABILITY 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

FOR EACH CLAIM, PLEASE SUBMIT THE FOLLOWING:

1. Report(s) from the Guard(s)
2. Report from the Management
3. Copies of the Log Sheets, Computer Printouts, Clocking Tapes
4. Copies of Assignment Instructions
5. Copy of the Contract issued by your Company to the Customer

REPORTS FROM THE MANAGEMENT SHOULD INCORPORATE THE FOLLOWING POINTS:

1. When was the matter reported to you by the Guard/Control office?
2. Date and time of the loss?
3. Who discovered the loss?
4. When did you visit the premises after the loss?
5. Did you interview the Guards? What were your findings?
6. Did you see the customer? What was said at the meeting?
7. Where was the Guard at the time of the alleged loss?
8. Is the site large, poorly lit or vulnerable?
9. Has the Guard carried out all the patrols in accordance with the Assignment Instructions?
10. Were all the patrols properly logged?
11. If the Guard did not prevent the Loss/Damage could he have done so taking into consideration all of the relevant points?
12. Do you feel that the type and extent of Loss being claimed by the customer is feasible?
13. Full circumstances of the incident.
14. Has the matter been reported to the police?
15. Have the Police contacted you or the Guard to discuss the Loss in detail?
16. Draw a sketch of the site and where the Guard was at the time of the incident.
17. Photograph the site if possible.
18. Do not admit liability to the customer. Please say that your Insurers will deal with the matter.

REPORT BY THE SECURITY OFFICER TO BE COMPLETED AS SOON AS POSSIBLE AFTER THE INCIDENT:

Name of Security Company	
Security Officer making the Report	
Date and Time of Incident	am/pm
Customer (Site)	
Date and Time of Report	am/pm
Exact Location of Incident and Identification of the Premises	

Where were you exactly at the time of the Incident?	
Did you carry out all the required Patrols?	YES/NO
Have these been logged?	YES/NO
How have these been logged?	
Did you discover the Loss?	YES/NO
If YES, When?	
If the Loss was reported to you by someone else, please state by whom and when:	
Is the site large, poorly lit or vulnerable? Please describe:	
Could you have prevented the Loss/Damage?	YES/NO
Nature of Incident (If necessary, please continue on another page and attach it to this Report):	
Persons apprehended, stopped or spoken to (please provide details of such persons):	
Registration Number and Make of Vehicles involved:	

Police Informed?	YES/NO	Date and Time:	am/pm
Police Attended?	YES/NO	Date and Time:	am/pm
Officer's Number and Station			
Your Company Staffed informed	(Controller):	Date and Time:	am/pm
	(Management):	Date and Time:	am/pm
Who from the Customer premises was informed?			
		Date and Time:	am/pm
Details of property damaged/stolen:			
Who are the owners of the property damaged/stolen?			

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
50 Fenchurch Street
London
EC3M 3JY

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:	