

PERSONAL PROPERTY LOSS AND DAMAGE CLAIMS

Guidance Notes

The following notes have been prepared to help you to submit your claim. We recommend that you read them carefully BEFORE filling in your form and - unless you have already discussed the matter with us - BEFORE taking steps to have any repair work done or damaged property replaced.

If Damage or Loss Occurs

1. Check your policy to make sure that the loss or damage is covered - remember that the loss or damage must be caused by an insured event, which you will find clearly listed in your policy (e.g. Fire, Theft, Escape of Water, etc.). Read carefully all Exclusions or Conditions that may apply.
If you are in doubt as to what is covered and what is not covered, ask your broker, if you have one, or Insurance Corporation Claims department.
2. Please complete all sections of the claim form which apply to your claim - a fully answered form will enable us to deal with your claim much more quickly.
3. Where loss or damage is serious, please telephone the Claims department of Insurance Corporation for immediate advice. Any urgent repairs (e.g. work necessary to protect the property and/or to prevent further damage) may be put in hand immediately, but we will want to see invoices.
4. Where repairs are not necessary immediately you should obtain at least two estimates wherever possible and send them to us. Do not delay sending in the claim form until you get the estimates - tell us in Section 4 of the form that they are being obtained.
5. We operate a Recommended Supplier scheme for certain items such as carpets and jewellery. Please contact our Claims department, or your broker, for details of this scheme.
6. When property has been stolen, maliciously damaged or lost outside the home you must report the matter to the Police immediately.
7. You must not dispose of damaged items before we have had the opportunity to inspect them.

Important Note

The amount you are entitled to claim will depend on the type of policy you have. Many policies now pay for the full replacement of property lost or damaged beyond economic repair, others pay only for the repair or replacement cost after a deduction has been made for wear and tear - in other words, the age and condition of the property is taken into account.

TEAR OFF THIS SHEET AND RETAIN BEFORE RETURNING COMPLETED FORM TO US.

PLEASE COMPLETE ALL QUESTIONS FULLY TO AVOID DELAY IN HANDLING YOUR CLAIM

Please submit claim form and estimates before authorising repairs. To assist you in completing this form and preparing your claim, please read the notes attached.

PLEASE COMPLETE IN BLOCK CAPITALS

E-mail: icci.claims@insurancecorporation.com

P.O. Box 160
St. Peter Port,
Guernsey, GY1 4EY
Channel Islands

Telephone: 01481 713322
Facsimile: 01481 714426

www.insurancecorporation.com

P.O. Box 742
St. Helier,
Jersey, JE4 8ZZ
Channel Islands

Telephone: 01534 700200
Facsimile: 01534 768447

Policy No.

Broker/Agent

Section 1 - General Details

Name Mr,Mrs,Ms,Miss

Postal Address
 Postcode

Telephone No. (Home) Telephone No. (Work)

Email Address Occupation

Name of other Interested Party (if any)

Risk address if different from above
 Postcode

Is the risk address -

- a) a house? Yes No
- b) a bungalow? Yes No
- c) a flat? Yes No

How many bedrooms does it have?

Is your home regularly left unoccupied? Yes No

If 'YES' please give details of occupancy, e.g. Is your Home regularly left unattended due to all adults residents being at work?

If premises are unoccupied, please state date and time they were last occupied

Is the property lent, let or sublet? Yes No

Is the property protected by a burglar alarm? Yes No

If 'YES' did the alarm operate? Yes No

Have you suffered any other losses during the past 5 years? Yes No

If 'YES' please give details

Section 2 - Details of when, where & how loss/damage happened

Date of loss/damage / /20

Time (if known) am/pm

Where did loss/damage happen?

How did loss/damage happen?

Please give full details (if theft from a building, give details of how entry was gained).

If caused by someone who is not a member of your household, e.g a tradesman, give name and address.

Name

Address

Postcode

ALL LOSSES OF VALUABLES, MONEY AND BY THEFT, BURGLARY, HOUSE BREAKING OR MALICIOUS DAMAGE MUST BE REPORTED TO THE POLICE IMMEDIATELY.

Were the Police notified?

Yes No

Lost Property/Crime No.

When and at what Police Station was report made?

Date/Time / /20

Police Station

Lost Property No.

Section 3 - Other Insurance - Complete for all claims

If the property for which you are claiming is also insured under any other policy, give details e.g Travel Insurance

Name of Company

Address

Postcode

Policy No.

Section 4 - Building Damage - Details of claim

Estimated full cost of repair £

Actual cost (if any work done) £

How much are you claiming? £

(If you have obtained estimates or accounts, please attach and send with the completed form.)

N.B. If you are still awaiting estimates or accounts don't delay sending us the form.

Tick box, if estimate(s) are being obtained and are to be sent later.

If you are **NOT** the owner of the building state:

Name and address of owner (other than mortgagee)

Name

Address

Postcode

Why do you have to pay for repair?

e.g. terms of your lease

Section 5 - Contents or valuables Claim - Details of claim (send us any estimates/Accounts)

Please complete ALL columns - we will deal with your claim in accordance with the cover given by your policy. Two estimates are required for claims over £250. Please ask your Broker about our Recommended Suppliers.

Description of item Please indicate owner of item if other than insured (1)	Age of item (2)	Price paid (3)	Is the item to be replaced (4)	Estimated cost of repair (5)	Replacement cost (if not repairable) (6)

I/We declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned.

Fair Obtaining Notice:

Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms, via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

Signature of Insured

Date

PAYMENT METHOD

Once we are in a position to issue payment of your claim, we will arrange settlement by direct bank transfer. (Please fill in your account details below).

ACCOUNT NAME:

ACCOUNT NUMBER:

SORT CODE:

JOINT NAMES

If your policy is held in joint names, then payment will also be issued in joint names unless otherwise specified. In order to issue payment to one policyholder only, we will require consent from any other policyholders noted on the policy - by having them complete the mandate below:

I/WE GIVE MY/OUR CONSENT FOR ANY AND ALL PAYMENTS IN RESPECT OF THIS CLAIM TO BE ISSUED IN THE SOLE NAME OF:

SIGNATURE(S)

DATE

PRINT NAME(S)

CLAIMS SERVICE STANDARDS

- We aim to review and respond to all Household claims within 5 working days of receipt by our office
- Once a claim is accepted, payment will be processed and issued within 2 working days
- If we are unable to meet these service standards for any reason, we will let you know as soon as possible

