



CAUNCE O'HARA & COMPANY LTD, CITY WHARF, NEW BAILEY STREET, MANCHESTER M3 5ER. TEL: 0161 833 2100 FAX: 0161 839 2100

**1 YOU THE POLICYHOLDER** **PLEASE USE BLOCK CAPITALS**

Name of Insured

Address

Town  County

Post Code  Date Premium Paid

Please state the maximum number of bedrooms (include all rooms designated as bedrooms even if not used as such)

Business/Occupation  Telephone No

Policy No  Value Added Tax. Are you a registered person or company?

**2 CIRCUMSTANCES OF THE CLAIM**

a Date of loss/damage  Time  a.m./p.m.

b Where did the loss/damage occur?

c Describe fully how the loss/damage occurred

d Where and when was the property last seen?

e Who was last to see the property?

f Were the police notified? YES/NO  If YES address of station

g Date of notification to police  Police Crime Reference No

h What steps have been taken to recover the property?

i In whose custody was the property at the time of loss/damage?

j Has a formal claim been made against the person(s) in charge of property at time of loss/damage? YES/NO  Date of Claim

k Was any other person(s) responsible for loss/damage? YES/NO  If YES say why

l Name and address of person(s) responsible

m If they are Insured against causing this incident state their Insurers name, address and policy number

**3 GENERAL INFORMATION (WHERE APPLICABLE)**

a Is there any other policy in force providing cover for this incident? YES/NO  If YES give details to include Insurers name/address and policy number

b Have you ever suffered similar loss/damage? YES/NO  If YES give details and whether a claim was made on Insurers

