



## **Claims are usually held up because of missing information**

To ensure your claim can be processed as quickly as possible please ensure that the following information is included:

- Please complete the form as fully as possible
- The date the event occurred is vital, if ongoing use the date discovered
- As many details of the event as possible, i.e. if water damage, where from, which room, cause etc.
- Your name and daytime telephone number
- A minimum of **2 quotations**
- The form cannot be processed until it is signed
- If the claim has arisen because you have been a victim of crime, you will be unable to process your claim without a crime number.

Please email [claims@ringley.co.uk](mailto:claims@ringley.co.uk) and we will confirm the policyholder details. We will also supply the name, address and email address of your insurance broker, who will administer your claim.

Thank you  
Ringley Estates Team



ace europe

Property Claim Form

ACE Insurance S.A.-N.V.

Kent House
Lower Stone Street
Maidstone, Kent ME15 6LT
01622 403000 tel
01622 403251 fax

Please write in BLOCK LETTERS

DETAILS OF POLICY

Policy Number

DETAILS OF POLICY HOLDER

Company Name

Address

Postcode

Telephone Number Contact Name

Nature of Business

Are you Registered for Value Added Tax? YES NO

INFORMATION ABOUT THE LOSS/DAMAGE

1. When did the loss/damage occur? Day Month Year Time

2. Where did the loss occur?

3. How did the loss/damage occur?

4. When and by whom was loss discovered?

FOR THEFT OR MALICIOUS DAMAGE

1. Were Police advised of the loss? YES NO Crime Reference Number

2. Police Station

3. By what means was access gained to the premises?

4. Is there a burglar alarm installed at the premises? YES NO

IF YES, was it activated by the thieves? YES NO

DETAILS OF THIRD PARTY

Was the loss or damage caused by any third party? YES NO

IF YES, please provide name and address of third party responsible for the loss or damage (if known)

Company Name

Address

Postcode

Telephone Number

**DETAILS OF CLAIM**

Wherever possible attach a detailed estimate for repair. If item(s) beyond repair, please provide original purchase and replacement invoices. If definite costs are not yet know, please state approximate cost.

Description of each item of property lost, destroyed or damaged	If you are not the sole owner, please give details of your interest and that of other parties	Date Item(s) Purchased	Cost Price	Value of Salvage	Amount Claimed	
Please continue on a separate sheet if necessary					Total	£

**OTHER INSURANCES**

Is the property claimed for covered by any other policy?	YES		NO		IF YES, please complete below:
Name and Address of Insurer					
					Policy Number

**DECLARATION**

I/We hereby declare that to the best of my/our knowledge and belief all information given on this Claim Form is correct.

Date Signature of Policyholder

**CHECK LIST**

- Have You:**
- Fully completed and signed the Claim Form?
  - Attached the repair estimate and/or original and replacement invoices?
  - Retained a copy for yourself?

- Have You:**
- Any questions? Please contact your broker or call ACE Insurance S.A.-N.V., we will be happy to assist you.
  - Please send this form to your broker (unless otherwise agreed).