



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



HOME CLAIM FORM

FOR: BUILDINGS – CONTENTS – ALL RISKS

To help us deal with your claim as quickly as possible, PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS, tick ☒ the correct boxes and sign and date this form.

Section 1 – Insured

Surname	<input type="text"/>	Forenames	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Daytime Telephone No.	<input type="text"/>	Broker/Agent	<input type="text"/>
Business/Occupation	<input type="text"/>	Are you VAT Registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy Number	<input type="text"/>		

Section 2 – Details of Loss/Damage

Date and time of incident	<input type="text"/>
Where did it happen?	<input type="text"/>
How did it happen?	<input type="text"/>
If the damage is to the building, please state briefly the extent of the damage	<input type="text"/>
Are you insured under any other policy for this loss?	<input type="text"/>
If 'Yes', please give the insurers' name, address and policy number	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	
<input type="text"/>	
Has anyone else a financial interest in this property, eg.as owner or under mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details	<input type="text"/>
Who occupied the property at the time of this loss?	<input type="text"/>
If the premises were unoccupied, when were they last occupied?	<input type="text"/>
Was the property furnished for full habitation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any trade or business carried on in your home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were security devices present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', state type	<input type="text"/>
Were they activated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you, or any person normally living with you, previously suffered a loss which can be insured under this policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please state:	<input type="text"/>

Date of loss	Type of Loss	Name of Insurers if applicable	Amount of Loss £
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 – Please Complete Section 3 in the case of Theft/Malicious Damage/Loss

How was the property entered?	<input type="text"/>
The date you informed the Police?	<input type="text"/>
The address of the Police Station	<input type="text"/>
The Police reference number	<input type="text"/>

Section 4 – Sum Insured

Please give the estimated total value of your property at the time of loss:

Full rebuilding cost £ Full contents replacement value £

Please state the number of bedrooms in your premises

Section 5 – Payment Details

Our preferred method of settlement is Electronic Fund Transfer, which allows any payment to be transferred directly into your account. Please supply us with the following details of your bank account

Bank Account Name Bank Branch Sort Code

Bank Account Number

Section 6 – Instructions to be Observed

Protect all damaged property from further deterioration. Do not dispose of damaged property until permission is given by us or our Loss Adjusters.

BUILDINGS CLAIMS: Please send a tradesman's detailed quotation with this claim form.

OTHER CLAIMS: Please provide below details of all items which have been damaged, lost or destroyed. Please tell us the MAKE, MODEL, SERIAL NUMBER AND ORIGINAL PURCHASE PRICE with original receipt, wherever possible.

When items are repairable you should also send us a detailed repairer's estimate. This information will help us to deal with your claim as quickly as possible.

Description of Property for which this claim is made	Date of Purchase	Original Price £	Cost of Replacing the Property £	* Value at time Of Loss or Damage, After Allowing for Wear and Tear (Where Appropriate) £	Value of Salvage £	Amount Claimed i.e. Actual Loss After Deduction of Salvage £

* You do not need to complete this column if the item concerned is insured on a full cost replacement basis Total £

Section 7 – Additional Information

If you wish to give other relevant facts please give details here.

Section 8 – Claims and Underwriting Exchange

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes 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.

Section 9 – Declaration

If you make a claim which is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.

I/We declare that all the answers are true and complete. I/We hereby claim for the loss or damage as set out above.

I/We understand that you may seek information from other insurers to check the answers I/we have provided.

Signature

Date