



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 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



Policy Details

Policy No.	Broker	Date Premium Paid
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Policyholder

Name	Business Address	
Address		
Postcode	Tel:	Tel:
Are you the owner, tenant or mortgagor?	Are you registered for VAT? YES/NO	
Is anyone available at the home address during the day? YES/NO	(If YES can you recover VAT on the cost of repair/replacements? YES/NO/PARTIALLY	

Details of Loss or Damage

Date	Time
Place	
If damage or loss occurred in a building for what purpose is the building used? (e.g. Domestic/Business)	
Is it fully occupied? YES/NO	
If YES by whom?	
Please describe exactly what happened	
If known please state identity of person causing loss or damage	
Name	
Address	
Please give details of all persons having knowledge of the incident the person who discovered the loss or damage	
If property lost or stolen	
When was the loss reported to Police?	
Name and Number of Officer	Station?
Police Reference No.?	
If damage caused by fire did Fire Brigade attend? YES/NO	
Station?	

PLEASE ENSURE THAT THE REVERSE SIDE IS ALSO COMPLETED

Particulars of Claim

Please give as full a description as possible providing purchase receipts or other documentation where available.

Please check your policy for the basis of claims settlement.

Description of articles	From whom obtained (Name and Address)	Date acquired	Original purchase price	Cost to replace or repair	Value of salvage	Amount claimed

Do you own the lost or damaged property? YES/NO
If NO who does?

Are there any other Insurance Policies covering this loss? YES/NO
If YES please give details

Have you previously suffered a loss similar to the one the subject of this claim? YES/NO
If so please give details

I/We declare that to the best of my/our knowledge and belief the foregoing particulars are true in every respect.

Signature of Policyholder Date	Please return to GROUPAMA INSURANCE COMPANY LIMITED Groupama House 17 Station Road New Barnet EN5 1PG Tel: 020 8441 4500 Fax: 020 8441 9896
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