



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

General Claim Form



Crown House, 145 City Road, London EC1V 1LP Tel: 020 7656 6000 Fax: 020 7251 0345

NIG is the trading name of The National Insurance and Guarantee Corporation Ltd which is registered in England and Wales number 42133

(Registered Office: Crown House, 145 City Road, London EC1V 1LP) and is a member of the Association of British Insurers and the General Insurance Standards Council.

1 YOU THE POLICYHOLDER

PLEASE USE BLOCK CAPITALS

Name of Insured	<input type="text"/>			
Address	<input type="text"/>			
Town	<input type="text"/>		County	<input type="text"/>
Post Code	<input type="text"/>	Date Premium Paid	<input type="text"/>	
Please state the maximum number of bedrooms (include all rooms designated as bedrooms even if not used as such)				
<input type="text"/>				
Business/Occupation	<input type="text"/>	Telephone No	<input type="text"/>	
Policy No	<input type="text"/>	Value Added Tax. Are you a registered person or company?	<input type="text"/>	

2 CIRCUMSTANCES OF THE CLAIM

a	Date	<input type="text"/>	Time	<input type="text"/>	a.m./p.m.
b	Where did the loss/damage occur?	<input type="text"/>			
c	Describe fully how loss/damage occurred.				
<input type="text"/>					
d	Were the police notified? YES/NO	<input type="checkbox"/>	If YES	address of station	
<input type="text"/>					
e	Date of notification to police	<input type="text"/>	Police Crime Reference No	<input type="text"/>	
f	Were the fire brigade called? YES/NO	<input type="checkbox"/>	If YES	address of station	
<input type="text"/>					
g	Was any person(s) responsible for loss/damage? YES/NO	<input type="checkbox"/>	If YES	say why	
<input type="text"/>					
h	Name and address of person(s) responsible				
<input type="text"/>					
i	If they are Insured against causing this incident state Insurers name, address and policy number				
<input type="text"/>					

3 GENERAL INFORMATION (WHERE APPLICABLE)

a	Type of premises	<input type="text"/>				
b	Were the premises unoccupied? YES/NO	<input type="checkbox"/>	If YES	when last occupied		
<input type="text"/>						
c	Are you the owner of the premises? YES/NO	<input type="checkbox"/>	If tenant	give name/address of owner		
<input type="text"/>						
d	Are you responsible for repairs?				YES/NO	<input type="checkbox"/>
e	Is there any other policy in force providing cover for this incident? YES/NO	<input type="checkbox"/>	If YES	give details to include Insurers name/address and policy number		
<input type="text"/>						
f	What is the total value of buildings and/or household/trade contents of the premises?					
i buildings		<input type="text"/>	ii household/trade contents		<input type="text"/>	
g	Have you ever suffered similar loss/damage? YES/NO	<input type="checkbox"/>	If YES	give details and whether claim made on Insurers		
<input type="text"/>						

4 COMPLETE FOR DETERIORATION OF FROZEN FOOD ONLY

a	Cause of breakdown of freezer	<input type="text"/>				
b	When was the freezer purchased/hired	<input type="text"/>				
c	Is the freezer currently subject of a Maintenance/Service Agreement?				YES/NO	<input type="checkbox"/>
If YES Name/address of engineers with whom agreement arranged						
<input type="text"/>						

