

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 <u>crime number</u>.

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.

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Name of Insured	Company to the company of the comp					
Address						
Town	County					
Post Code		Date Premium Paid				
ease state the maximum number of b	bedrooms (include all rooms de	designated as bedrooms even if not used as such)				
siness/Occupation		Telephone No				
licy No	Value A	Added Tax. Are you a registered person or company?				
CIRCUMSTANCES OF TH	HE CLAIM					
Date		Time	a.m./p.m			
Where did the loss/damage occur	ır?					
Describe fully how loss/damage	occurred.					
Were the police notified? YES	S/NO If YES ac	address of station				
Date of notification to police		Police Crime Reference No	estern bereit en averagez			
Were the fire brigade called? YES	S/NO If YES ac	ddress of station				
Was any person(s) responsible for	or less (demans) VES/NO	If YES say why				
was any person(s) responsible to	of foss/damage: FES/NO	II 1E5 say why				
Name and address of person(s) respo	onsible					
If they are Insured against causir	ng this incident state Insurers	s name, address and policy number				
GENERAL INFORMATION	N (WHERE APPLICABL	LE).				
Type of premises						
Type of premises						
CALE TO SERVICE STATE OF THE S	YES/NO ▶	If YES when last occupied				
Were the premises unoccupied?			Aug Park Sandard			
CALE TO SERVICE STATE OF THE S		If YES when last occupied If tenant give name/address of owner	Autoria Santa Sant			
Were the premises unoccupied?	ses? YES/NO ▶		YES/NO ▶			
Were the premises unoccupied? Are you the owner of the premises	ses? YES/NO ▶	If tenant give name/address of owner				
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Were the premises unoccupied? Are you the owner of the premise. Are you responsible for repairs? Is there any other policy in force. What is the total value of building is buildings. Have you ever suffered similar led damage? COMPLETE FOR DETERIOR. Cause of breakdown of freezer.	ses? YES/NO e providing cover for this inci ngs and/or household/trade co loss/ YES/NO IORATION OF FROZEN Whired	If tenant give name/address of owner ident? YES/NO If YES give details to include Insurers na contents of the premises? ii household/trade contents If YES give details and whether claim made on Insurers N FOOD ONLY				

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Sum Claimed												
Salvage value (value, if any, after claim)												
Replacement Value at the time Salvage value Cost of damage (value, if any, allowing for wear after claim) & tear where applicable												
Replacement												
Cost Price												
Date of Acquisition						1						
Where Acquired (Name/address of retailer etc. or in the case of gift, the giver)								787		of the state of th		1
Owner of Article(s) or Property				Tel.								
Extent of Damage												
LISVDescription of Article(s) or Property Destroyed/Damaged	4				2							
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I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/we understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes. INSURERS AND THEIR AGENTS SHARE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS AND TO DECIDE WHETHER TO ACCEPT YOUR PROPOSAL AND, IF SO, ON WHAT TERMS 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.

Insured's Signature	
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Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.