



## 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

# Property Insurance Claim Form

Please complete as fully and accurately as possible and return immediately to the address overleaf.

Policy number

Name of insured

Name of claimant

Risk address

Correspondence address

Business or occupation

Telephone number. Home

State the nature of your interest in the property being claimed for

Is the dwelling Flat  Masionette  Apartment  House

Is any part of the property Lent, Let, Sub Let, do paying guests stay with you or is the property used for any trade, business or profession? Yes  No

If Yes, please give details

Have you ever had any previous losses arising from risks covered under this policy or any similar policies? Yes  No

If Yes, please state

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## DETAILS OF THE CLAIM

Date of incident

Describe what happened, circumstances under which discovered and by whom

Name and address of person(s) responsible for the loss or damage (if applicable)

What steps have been taken to prevent a reoccurrence?

Do you hold any other insurance policies which may also cover this occurance? Yes  No

If Yes, please give details.

**LOSS/THEFT/MALICIOUS DAMAGE CLAIMS ONLY**

State the full address of the Police Station notified


Date reported  Police Crime reference number

If burglary/theft, were there any visible signs of a forced entry to the building? Yes  No

If Yes, please give details


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**INSTRUCTIONS REGARDING YOUR CLAIM AND THE BASIS FOR ASSESSING VALUE**

**WHERE PROPERTY IS DAMAGED, DESTROYED LOST OR STOLEN**

The amounts claimed for those articles covered on a **New for Old** basis should represent the replacement cost of an equivalent article at the time of the loss/damage.

In the case of damage to the building, submit at least 2 estimates for the repair to the existing standard of construction/decoration.

Amount claimed £  (N.B. Please attach supporting documentation)

*The issue of this form is not an admission of liability.*

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**NOTICE**

Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. In assessing claims made insurers may also undertake checks against publicly available information as necessary such as electoral roll, county court judgements, bankruptcy orders or repossessions. Some of the information which you give us about the claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them, and we may ask them to pay a contribution to this claim. A contribution payment is normal practice where two or more policies cover the same thing. If another company contributes to your claim with us, it should not affect any no claims discount you may have with them.

**DECLARATION**

*I/we hereby declare that the property claimed for has been lost, stolen, destroyed or damaged in the manner described and that the details given on the form are true and complete to the best of my/our knowledge and belief. I/we understand if any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of the claim are used to obtain benefit all benefit under the policy shall be forfeited and criminal proceedings may ensue. I/we agree to provide the insurers with any further information or documentation as may be reasonably required.*

*I/we understand that you may ask for information from other insurers to check the answers I/we have provided.*

Signed

Date

**Please send to:**

Deacon Insurance Services Ltd, Floor Four, Oxford House, Oxford Road, Bournemouth BH8 8HA

Tel: 01202 449611 Fax: 01202 310120