



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

PROPERTY MARKET DAMAGE REPORT FORM

Policy Holder:			
Policy No.:			
Inception Date:	/ /	Opted to tax?	Yes / No

Section 1 (To be completed by Property Owners/Managing Agents)

Occupants Name:		VAT Registered?	Yes / No
Type of Property if not Residential			
Use of Property:			
Folio No. or Property Schedule No.			
Details for Investigation contact:-	Name	Tel: No:	

Section 2 (To be completed by Occupier)

Address where damage occurred:				Postcode	
Age of the Property:					
When did the damage occur:	Day:	Month: am/pm	Year:	Time:	
When and by whom was the damage discovered:					
Full Details of Event: Continue on a separate sheet if necessary					
Name and Address of Party causing damage (If known)-					
Were premises unoccupied at the time of loss?	Yes / No	If YES, when were the premises last occupied:			

Description of Property Lost or Damage	Amount claimed Please attach receipts or estimates.
	£
	£
	£

If the claim is for Theft or Damage by Malicious Persons please advise			
Address of the Police Station			
Date Reported	/ /	Crime Ref.	

We declare that these particulars are true to the best of our knowledge

Managing Agent/Property Owner	Occupier
Signature:	Signature:
Company & Position	
Name (Block Capitals)	Name (Block Capitals)
Date: / /	Date: / /