**New Claim Notification Form - Gadgets**

**New Claim** Notification form

Please only submit this form for Loss/damage to Gadgets, in line with your Policy Schedule and forward to *Claims.tpa@claimsconsortiumgroup.co.uk*. For any other claims, please refer to your policy documents.

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| **POLICY DETAILS** |
| POLICY NUMBER |  |
| EMPLOYER (COMPANY NAME) |  |
| EMPLOYER ADDRESS |  |

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##### **POLICYHOLDER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME(S) |  | SURNAME |  |
| DATE OF BIRTH |  | EMAIL |  |
| TELEPHONE 1 |  | TELEPHONE 2 |  |
| **HOME ADDRESS** |  |
| ADDRESS LINE 1 |  |
| ADDRESS LINE 2 |  |
| ADDRESS LINE 3 |  |
| CITY / TOWN |  |
| POSTCODE |  |

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| **DETAILS OF CLAIM** |
| WHERE DID THE INCIDENT OCCUR? |  | DATE / TIME |  |
| INCIDENT ADDRESS (IF KNOWN) |  |
| WHERE WERE YOU AT THE TIME OF THE INCIDENT? |  |
| IF YOU ARE CLAIMING FOR THEFT FROM A BUILDING, HOW AND WHERE WAS ENTRY GAINED? |  |
| WERE THE PREMISES DAMAGED BY ENTRY OR EXIT? IF SO, PLEASE PROVIDE DETAILS |  |
| DO YOU HAVE ANY OTHER INSURANCE COVERING THE LOSS? IF YES, PLEASE PROVIDE FURTHER DETAILS | Yes / No | NAME OF INSURER AND POLICY NUMBER |  |

PLEASE PROVIDE FULL DETAILS OF THE CIRCUMSTANCES LEADING UP TO AND SURROUNDING THE INCIDENT, AND ITS DISCOVERY

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##### **DETAILS OF POLICE SECURITY REPORT**

BEFORE SUBMITTING THIS FORM, PLEASE ENSURE THAT ALL THEFT OR MALICIOUS DAMAGE CLAIMS ARE REPORTED TO THE POLICE.

|  |  |  |  |
| --- | --- | --- | --- |
| WAS THE INCIDENT REPORTED TO THE POLICE? | Yes / No | DATE / TIME |  |
| HOW WAS THE REPORT MADE? | Visit / Telephone / Other | WAS THE REPORT MADE AS | Theft / Accidental loss / Malicious damage |
| ADDRESS & TELEPHONE OF POLICE STATION |  |
| POLICE CRIME REFERENCE NUMBER |  |

##### **DETAILS OF ITEMS LOST, STOLEN OR DAMAGED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DESCRIPTION OF DOCUMENT | MAKE, MODEL & SERIAL NUMBER | DATE OF ACQUISITION | FROM WHERE OR WHOM OBTAINED | ORIGINAL COST PRICE | CURRENT COST PRICE |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

##### **CLAIMANT DECLARATION**

|  |  |
| --- | --- |
| * HAVE YOU EVER BEEN CONVICTED OR DO YOU HAVE A CONVICTION PENDING FOR FRAUD, THEFT OR OTHER DISHONESTY?
 | Yes / No  |
| * I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
* I UNDERSTAND THAT ANY MISSTATEMENTS OR WITHOLDING OF INFORMATION WILL RENDER MY CLAIM VOID AND MAYLEAD TO CRIMINAL PROCEEDINGS AGAINST ME.
* I HAVE NOT WITHELD ANY INFORMATION CONNECTED WITH THIS INCIDENT AND AGREE TO PROVIDE ANY FURTHER INFORMATION OR DOCUMENTATION AS MAY BE REQUIRED.
* I AGREE THAT THE INSURER SHALL HAVE ABSOLUTE DISCRETION IN THE CONDUCT OF ANY PROCEEDINGS OR SETTLEMENTS OF ANY CLAIMS AGAINST ME ARISING OUT OF THIS INCIDENT.
* I UNDERSTAND THAT THE INSURER DOES NOT ADMIT ANY LIABILITY BY THE ISSUE OF THIS FORM.
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| **SIGNED BY THE INSURED** |  | **DATE** |  |
| **SIGNED BY THE CLAIMANT** (IF DIFFERENT) |  | **DATE** |  |

# WHAT TO DO NEXT

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| **IMPORTANT**: **PLEASE ENSURE THAT YOU INCLUDE ANY PROOF OF PURCHASE / OWNERSHIP DOCUMENTATION (SUCH AS PURCHASE RECEIPTS, GUARANTEE CERTIFICATES), FOR ANY ITEMS CLAIMED FOR**IF YOU ARE UNABLE TO PROVIDE THE REQUESTED DOCUMENTATION, PLEASE EXPLAIN FURTHER IN WRITING (ON A SEPARATE SHEET). THE SIGNED, COMPLETED CLAIM FORM AND ATTACHMENTS SHOULD THEN BE RETURNED TO OUR CLAIMS TEAM AT THE FOLLOWING ADDRESS. |
| Office opening hours are 8am – 6pm Monday to Friday | **CLAIMS HELPLINE**: 0161 974 1165**EMAIL:** *Claims.tpa@claimsconsortiumgroup.co.uk* |