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**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*](mailto:Claims.tpa@claimsconsortiumgroup.co.uk). For any other claims, please refer to your policy documents.

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

##### 

##### **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 |  | | |

**OTHER INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| DO YOU HAVE ANY OTHER INSURANCE COVERING THE LOSS? IF YES, PLEASE PROVIDE FURTHER DETAILS | YES / NO | NAME OF INSURER AND POLICY NUMBER |  |

###### **DETAILS OF CLAIM**

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF CLAIM (Accidental Damage, Theft, Malicious Damage, Fraudulent Use, Breakdown, Accidental Loss) |  | | |
| 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 |  | | |

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

|  |
| --- |
|  |

##### **DETAILS OF POLICE 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 and IMEI | DATE OF ACQUISITION | FROM WHERE OR WHOM OBTAINED | ORIGINAL COST PRICE | CURRENT COST PRICE |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**DETAILS OF DOCUMENTATION REQUIRED:**

PLEASE ENSURE THE BELOW IS SUBMITTED WITH YOUR CLAIM FORM; FAILURE TO DO SO MAY RESULT IN A DELAY OR YOUR CLAIM NOT BEING PROCESSED AT ALL.

|  |  |
| --- | --- |
| DESCRIPTION OF DOCUMENT | DOCUMENT ATTACHED WITH NEW CLAIM? |
| Policy document | Yes/No |
| Proof of purchase\* | Yes/No |
| Photographs of damage | Yes/No |
| Loss Report (report my loss/immobilise) | Yes/No |
| Police Crime Reference Number Report confirmation | Yes/No |
| Proof of report to your network provider (lost/stolen) | Yes/No |

\*this may be the store receipt, email order confirmation, or contract but should contain the device (including make and model,

serial number and IMEI)

##### **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. | | | |
| **SIGNED BY THE INSURED** |  | **DATE** |  |
| **SIGNED BY THE CLAIMANT**  (IF DIFFERENT) |  | **DATE** |  |

# WHAT TO DO NEXT

|  |  |
| --- | --- |
| **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*](mailto:Claims.tpa@claimsconsortiumgroup.co.uk) |