



For Office Use:
 MISYS Ref:
 Claim Ref:
 Please quote on all correspondence

At Towergate we appreciate how stressful a claim can be and we aim to make the process as quick and painless as possible. Please remember to attach any documents, accounts or original purchase receipts in order that we can deal with your claim as promptly as possible. If you require any assistance in completing this form then please do not hesitate to contact the **Claims Team** on **01708 777720** between 9.00am and 5.30pm Monday to Friday.

SECTION 1 – DETAILS OF POLICYHOLDER AND POLICY

Name Address	Address of Property Insured (If Different) Policy No Tel No (Between 9.00am & 5.30pm) Are you registered for VAT? Yes <input type="checkbox"/> No <input type="checkbox"/> Occupation <input style="width: 100%;" type="text"/>
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SECTION 2 – DETAILS OF WHEN, WHERE AND HOW LOSS/DAMAGE OCCURRED

Date of Loss/Damage

Where did Loss/Damage occur?

Who discovered it and when

State fully the description and cause of the Loss/Damage and how it occurred:
(Theft or Water Damage is not sufficient – full circumstances are necessary) (if theft from a building, please give details of how entry was gained)

Were the premises unoccupied at the time of the loss? Yes No

If YES, When were they last occupied?

IF THE PROPERTY WAS LOST, STOLEN, MALICIOUSLY DAMAGED OR VANDALISED, PLEASE ANSWER THE FOLLOWING QUESTIONS

Were the Police Notified? Yes No

If YES, when and at what Police Station

Police Reference.....

Please describe the measures taken to secure/protect the property which has been lost/stolen

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If caused by someone who is not a member of your household e.g. Tradesman please provide name and address. Damaged property should be retained for inspection and only disposed of once authorised by the Insurer

Name
Address.....
.....

SECTION 3 – OTHER INSURANCE – COMPLETE FOR ALL CLAIMS

If the property for which you are claiming is insured under any other policy, please give details.

Policy Number	<input style="width: 90%;" type="text"/>	Name and Address of Company	<input style="width: 90%;" type="text"/>
			Postcode

SECTION 4 – PREVIOUS CLAIMS

Please provide details of claims made within the last 5 years

SECTION 5 – BUILDING DAMAGE – DETAILS OF CLAIM

Estimated full cost of repair.

£/€

Actual cost (if all work done).

£/€

How much are you claiming?

£/€

If you have obtained estimates or accounts, please attach and send with the completed form.

N.B. If you are still awaiting estimates don't delay in sending us the form.

If estimate(s) are being obtained and will be sent at a later date please tick the box

If you are not the owner of the building, state name and address of owner:

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Are you a tenant?

 Yes No

If YES, does this make you responsible for the damage claimed?

 Yes No**SECTION 6 – CONTENTS AND/OR VALUABLES CLAIM – DETAILS OF CLAIM (PLEASE SEND US ANY ESTIMATES/ACCOUNTS)**

Please complete ALL columns – we deal with your claim in accordance with the cover given by your policy

Description of Item (1)	Owner of Item (2)	Age of Item (3)	Price Paid (4)	Estimated Cost of Repair (5)	Replacement Cost (if not repairable) (6)

SECTION 7 - NOTICE

Please note that 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 this 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 claim discounts you may have with them.

The currency applicable to the EUROLifestyle contract is the Euro. However, there may be occasions when we need to convert from Sterling to Euros or Euros to Sterling. In such circumstances we will convert using the Royal Bank of Scotland Commercial Exchange Rate on the day a claims payment is made under this policy.

SECTION 8 – DECLARATION

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

I/we declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned.

If settlement is made by cheque, to whom should it be payable?

I/we understand that in handling this claim, Towergate Underwriting Holiday Homes (a trading name of Towergate Underwriting Group Limited) will act on behalf of the insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis.

Date

Signature(s) of
Policyholder(s)

**This form should now be returned to: The Claims Team, Towergate Underwriting Holiday Homes, Towergate House, St. Edward's Court, London Road, Romford, Essex, RM7 9QD
OR Faxed on 01708 777721**

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