

# Absolute.

## Insurance Brokers

### PROPERTY ACCIDENT REPORT FORM

PLEASE ANSWER EVERY QUESTION WHERE POSSIBLE & SIGN THE DECLARATION ON THE FINAL PAGE

Policy Number		Claim Number		Your reference	
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#### POLICYHOLDERS DETAILS

Name		
Telephone Number		
VAT registered	Yes/No	If yes, please state VAT number

#### PROPERTY DETAILS

Date		Time		Property occupied at the time of the incident?	
Loss Location					

#### ACCIDENT DETAILS (please fill out in relevant box)

Is the damage as a result of storm, fire, flood or escape of water?		How many rooms affected?	
Please provide details of the damage to the property			
Have you carried out any temporary repairs?		Would you like to use insurers approved contractors or obtain an estimate?	

#### ACCIDENT DETAILS Part 2

Is the damage as a result of theft, vandalism, malicious damage or accidental loss?		Have you notified the police – if yes please provide crime reference number.	
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Please provide details of the damage and circumstances			
Was there forcible or violent entry?		Was the property securely locked at the time of the incident?	
Do you know of the suspects? If yes state whom.		Is the property currently secure?	
Have you carried out any temporary repairs?		Do you have original receipts of the items that have been lost or stolen?	

If the damage doesn't relate to any of the above please provide a description below

### Details of Claim

Whenever possible, please attach a detailed estimate for repair. In the case of damage to a building it is not necessary to complete columns 3 and 4. Please ensure that all damaged property is protected from further deterioration and is kept until permission to dispose of it is received from the Company or their representative.

Description of property lost destroyed or damaged including model and serial numbers	If you are not the sole owner please give details of your interest and that of other parties	When Purchased	Cost Price	Estimated cost of repair or replacement if repair not possible


### Other Insurances

If the property claimed for is covered by any other policy, please complete below	
Name of insurer	
Policy Number	

### Declaration

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief, I/we authorise the Company to make such admissions on my/our behalf as it deems appropriate and I/we agree to render the Company all assistance in the investigation of the Claim. I/we further agree to provide such assistance as may be necessary in pursuing recovery of any outlay. I/we confirm that I/we have not withheld any material information within my/our knowledge that may affect the granting of indemnity under my/our policy.			
Signature		Name in block capitals	
Position in company		Date	

Please return to:

Claims Department  
 Absolute Insurance Brokers Limited  
 Airport House  
 Purley Way  
 Croydon  
 Surrey  
 CR0 0XZ

T: 020 8915 1022  
 Email: [hjupe@absoluteinsurancebrokers.co.uk](mailto:hjupe@absoluteinsurancebrokers.co.uk)

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