

date \_\_\_\_\_ reference \_\_\_\_\_

**policyholder details**

surname \_\_\_\_\_ forename \_\_\_\_\_ policy no \_\_\_\_\_

risk address \_\_\_\_\_ tel – daytime \_\_\_\_\_

\_\_\_\_\_ postcode \_\_\_\_\_ tel – evening \_\_\_\_\_

is the risk address

student house  hall of residence  other

correspondence address (if different from above) \_\_\_\_\_

\_\_\_\_\_ postcode \_\_\_\_\_ date of birth \_\_\_\_\_

is the policy in your own name yes  no

if no, please give the name of our policyholder \_\_\_\_\_

are you the sole owner of all the property claimed yes  no

if no, please list separately on the BACK of this form and give details of ownership

**details of claim**

where did the incident occur \_\_\_\_\_ date/time \_\_\_\_\_

who discovered the incident \_\_\_\_\_ date/time \_\_\_\_\_

where were you at the time of the incident \_\_\_\_\_

were the premises occupied at the time of the incident yes  no

if no, when were they last occupied \_\_\_\_\_

who last occupied the premises \_\_\_\_\_

did the loss occur during official college term time yes  no

if you are claiming for theft from a building, how and where was entry made \_\_\_\_\_

were the premises damaged by entry or exit yes  no

if yes please give full details \_\_\_\_\_

when was the property last seen by you \_\_\_\_\_ date/time \_\_\_\_\_

do you have any other insurance covering this loss yes  no

if yes, please give policy number and name of company concerned \_\_\_\_\_

is the risk address occupied solely by you yes  no  if no please give:-

name of other persons in residence	did they suffer a loss?	amount	do they have separate insurance of their own	name of company
_____	no <input type="checkbox"/> yes <input type="checkbox"/>	£ _____	no <input type="checkbox"/> yes <input type="checkbox"/>	_____
_____	no <input type="checkbox"/> yes <input type="checkbox"/>	£ _____	no <input type="checkbox"/> yes <input type="checkbox"/>	_____
_____	no <input type="checkbox"/> yes <input type="checkbox"/>	£ _____	no <input type="checkbox"/> yes <input type="checkbox"/>	_____
_____	no <input type="checkbox"/> yes <input type="checkbox"/>	£ _____	no <input type="checkbox"/> yes <input type="checkbox"/>	_____

**details of incident**

please give full details of circumstances leading up to and surrounding the incident and its discovery

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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