

Please return to:

**M&C Risk Solutions Ltd**  
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Broker Reference Number  
(For office use only)

Claim Number  
(For office use only)

Policy Number

## Important Notes to be read before completing this form

1. Please fill in all sections of the form. A fully completed form will help us to deal with your claim more efficiently.
2. The form should be completed in Block Capitals.
3. If you need more space to answer any of the questions, please use a separate sheet and attach it to this form.
4. Please submit original documents in support of your claim as copies are unsuitable.
5. M&C Risk Solutions Ltd does not admit liability by issuing this form.

## Warning - Fraud

The information supplied to us by you may be held on computer and passed to other insurers for underwriting and claims purposes. Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database. We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

In order to prevent and detect fraud we may at any time: Share information about you with other organisations and public bodies including the Police; Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to: help make decisions about the provision and administration of insurance, credit and related services for you and members of your household; trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies; Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity; Undertake credit searches and additional fraud searches. We can supply on request further details of the databases we access or contribute to.

**Details of Policyholder**

Name of Insured

Insured Postal Address

Town

County

Postcode of Insured

Policy Number

Business or Occupation

Daytime Tel No. (inc. STD)

Evening Tel No. (inc. STD)

**Please answer ALL the following questions:**

1. When did the loss/damage occur?

Date

Time

am/pm

2. Address or location where the loss or damage occurred

3. Is any Business conducted from the Home?

YES

NO

Please tick box

If 'Yes', give details:

4. Please give particulars of any Building Society/Bank interest in the property if this claim is made under the Buildings Section of the Policy:

Building Society/Bank:

Roll/Reference Number:

5. Was the Home furnished and occupied at the time of loss or damage?

YES

NO

Please tick box

If 'No', when was it last:

furnished?

occupied?

6. Is the Home occupied by anyone other than a member of your family?

YES

NO

Please tick box

If 'Yes', who?

7. Are you the sole owner of the property lost/damaged?

YES

NO

Please tick box

If 'No', give details of any other interested party:

Please tick box

9. Have you any reason to suspect that the loss arose through the actions of any particular person?

YES  NO

If 'Yes', give details:

Two empty rectangular boxes for providing details.

Please tick box

10. Were the police advised of the loss/damage? (Theft/malicious damage)

YES  NO

If 'Yes', state:

(a) Date/time reported

(b) Police reference if known

Empty box for date/time reported.

Empty box for date/time reported.

Empty box for police reference.

(c) Full address of station

Empty box for full address of station.

Empty box for full address of station.

11. Describe the circumstances and cause of the loss or damage:

Multiple empty rectangular boxes for describing the loss or damage.

12. If your Policy is in joint names but you do not have a joint Bank Account, please indicate to whom any settlement cheque should be made payable:

Empty box for indicating settlement recipient.

Please tick box

13. Have you experienced any previous losses or claims within the last 3 years?

YES  NO

If 'Yes', give details:

Empty box for providing details of previous losses.

Empty box for providing details of previous losses.

**14. Buildings**

Providing your claim is accepted as being covered under the policy, our approved contractor will be instructed to carry out repairs. If you wish to use your own contractor please provide one estimate. Please note our approved contractor will be appointed to provide an estimate for comparison.

**15. Contents & "Personal Possessions"**

Please give below details of each article lost or damaged. Complete columns, 1, 2 and 6 for items which can be repaired.

For articles lost or damaged beyond repair, please forward any receipts and complete all columns except column 4 which is only required to be completed when clothing or household linen is lost or damaged (see NOTE below).

1 Description of article	2 When and where purchased	3 Current replacement value	4 Deduction for wear and tear	5 Value of salvage (if any)	6 Amount Claimed
Total amount claimed £					

Note Column 4 represents the amount by which clothing or household linen had depreciated prior to the loss or damage - e.g. an article three years old which would have lasted six years and cost £100 to replace would be depreciated by  $3/6 \times 100 = £50.00$ .

**Declaration**

**16.** I/We declare all these particulars to be true and understand that you may ask for information from other insurers to check the answers I/we have provided.

Insured's signature <input type="text"/>	Date <input type="text"/>
Insured's signature <input type="text"/>	Date <input type="text"/>