



HOUSEHOLD INSURANCE – RENEWABLE ENERGY CLAIM FORM

Policy No Name of Policyholder

1. Details of Insured Renewable Energy System

a)	Description and Type No:	
b)	Manufacturer and date of make:	
c)	Wattage	
d)	Value / reinstatement cost:	
e)	Date of Installation:	
f)	Is the system under warranty? YES / NO	
	If, YES, please state warranty provider and period of warranty.	
g)	Location on Property:	
h)	Income per annum (estimated):	

2. Details of Occurrence

a) State nature of claim, i.e., whether Lightning strike, Storm, Machinery breakdown, Fire, Theft, Damage etc.

b) Date of occurrence: Time:

c) Describe how loss or damage occurred (and show by sketch attached, where applicable)

d) Was property / premises left unattended at the time of the loss? YES / NO

If YES, how long for? hours/days/weeks/months (delete as appropriate)

e) If the loss was by burglary and/or housebreaking and/or malicious damage, state:

i) How was entry to premises obtained?	
ii) Have the Police been advised or other enquiries made? (Please provide Crime Reference no and police station where the incident was reported).	
iii) Have you any reason to suspect any particular person? If so, give full particulars, which will be treated as private and confidential.	

f) If loss caused by third party (e.g. vehicle impact or liability), please give details (eg. name, address)

g) At the time of loss, what was the total value at your premises of:

i) Buildings <input style="width: 150px;" type="text"/>	ii) Contents <input style="width: 150px;" type="text"/>
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- h) Has any other person an interest in the insured renewable energy system (give details)
- i) Is there any other insurance covering the property concerned? YES / NO
 If YES, please give details:
- j) Have you previously made any claim under a Policy of Insurance? YES / NO
 If YES, please give details:
- k) Are you registered for VAT? YES / NO
 If YES, please state registration number

3. Statement of Claim

- a) What steps have been taken to effect repairs?
- b) Name and address of repairers
- | | |
|--|-----------------------|
| c) Estimated cost of repair (please attach repairer's estimate) | £ |
| d) Time of outage | From: _____ To: _____ |
| e) Estimated loss of power production (in kWh) | _____ |
| f) Estimated loss of income due to lost production (including FITs and Export Tariffs) | £ |

(Please provide copies of electricity bills, receipts, historical data for power production etc.)

I hereby declare that all the details given by me on this Form are to the best of my knowledge true and complete.

Signed Date

Address

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N.B.

To assist in the processing of this Claim the Claimant must ensure, prior to submitting this claim to Naturesave Policies Ltd, that,

- a) this Claim Form has been fully completed, signed and dated,
- b) all original receipts and/or purchase invoices for all lost or damaged articles are attached,
- c) all original estimates for the replacement of all lost or damaged articles are attached.

In the event that no receipt and/or purchase invoice exists for any an article lost or damaged, some other proof of ownership of the articles lost or damaged must be provided wherever possible.