

All Risks - Claim Form

The following must be completed, signed, dated and returned to Naturesave Insurance, either by post or email, with the following documentation:

- Proof of ownership (receipt/monthly bill/inventory)
- Proof of loss/damage (photographs/police report/statement of fact)
- Invoice for repair/replacement on a like for like basis

Policy Details

Insured:			
Policy Number:			
Start Date:		Contact Telephone:	

Claim Details

Item Lost/Stolen:																			
Date of Incident: (on or around)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">d</td> <td style="text-align: center; font-size: 8px;">d</td> <td style="text-align: center; font-size: 8px;">m</td> <td style="text-align: center; font-size: 8px;">m</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> <td style="text-align: center; font-size: 8px;">y</td> </tr> </table>									d	d	m	m	y	y	y	y		
d	d	m	m	y	y	y	y												
Circumstances of loss:																			
Section of Cover:	SECTION A – MATERIAL LOSS OR DAMAGE, EXTENSION THREE, ALL RISKS																		
Claim Amount:	£																		
Excess Applicable:	£100.00																		
Insurer:	Catlin Insurance Company (UK) Limited																		
Are you VAT registered for the item(s) you are claiming?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no																	

Declaration

We declare that we hold no other policies which could contribute towards this loss	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
We declare that we are the sole owners or trustees of the property lost	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
We declare we have provided accurate information to the best of our knowledge	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no

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Name	Signature	Date																