

OAK UNDERWRITING PLC
CLAIM FORM

Please return this form to your insurance intermediary

Our Ref: OAK _____

DETAILS OF POLICYHOLDER AND POLICY

Name: _____

Address: _____

Postcode _____

Telephone No: _____ Work Telephone No: _____

E-mail address: _____

Policy No: _____ Renewal Date: _____

DETAILS OF LOSS/DAMAGE

Date: _____ Time: (am/pm) _____

Where did the loss/damage occur? _____

When and by whom discovered? _____

How did the loss/damage occur? (If theft from a building, give details of how entry was gained and whether the property was fully furnished and occupied:

If known state the name and address of person causing loss/damage: _____

If the property was lost or stolen please advise the Police promptly. They must also be notified in the case of malicious damage.

Name and address of police station: _____

Date: _____ Police Reference No: _____

Have you taken or will be taking any steps to prevent a recurrence? _____

Have you ever had any previous losses arising from risks covered under this policy or similar policies:

YES/NO

Please give details: _____

Are there any other insurances in force on the property claimed for? _____

Name and address of insurer: _____

The policy/reference number: _____

INSTRUCTIONS TO BE OBSERVED

All damaged property must be protected from further deterioration and should not be disposed of until permission is given by the Company or their appointed representatives.

To assist us in settlement of the claim, please submit repair or replacement estimates, valuations or purchase invoices.

BUILDINGS

Buildings Full Rebuilding Cost:

£

Estimated Full Cost of Repair:

£

Has anyone else a financial interest in the property?

YES/NO

Please give details e.g. Building Society: _____

If a tenant, are you legally liable under an agreement for decorations or other repairs to the building?

YES/NO

If 'Yes' please forward the agreement for perusal

CONTENTS

Description of property, make, model, serial no., etc.	Date of Purchase	Original Cost (Attach invoice &/or receipt)	Cost of Replacement	Value of Salvage	Amount Claimed (Deduction of salvage where appropriate)

BANK DETAILS (IF BACS TRANSFER IS ACCEPTABLE)

Name of Bank _____ Sort Code _____

Account Number _____ Account Name _____

I/We declare that the statements made are true to the best of my/knowledge and belief and I/We claim the amount above in respect of the items mentioned.

Date:

Signature(s)