

FOR OFFICE USE ONLY	
Client Ref	
Executive	
Cover	
Excess	
Inception Date	



# PROPERTY INSURANCE CLAIM FORM

Broker Reference Number:

Aviva Insurance Policy Number:

## Policyholder's Details

Name:

Postal Address:  Town:

County:  Postcode:

Occupation:  Date of Birth:

Daytime Tel No:  Evening Tel No:

E-mail Address:

## Property Details

Property Type:   
\*Please delete as appropriate

\*Please delete as appropriate

Number of Bedrooms:  Year Built:

## Incident Details

Date Incident Occurred:  Date Discovered:

Address where incident occurred (if different from above):

Description of Incident:

Steps Taken To Prevent a Recurrence:

Date Reported To Police:

Address of Police Station:

Crime/Incident Reference No:

Was the property occupied at the time of loss? Yes:  No:

Was the property furnished at the time of loss? Yes:  No:

*If the answer to either of the above is no, please confirm when the property was last occupied/furnished:*

Last Occupied:  Last furnished:

Is the home occupied by anyone other than a member of your family?  
If YES please give details in box below: Yes:  No:

Are you the sole owner of the property lost/damaged?  
If NO please give details in box below: Yes:  No:

Are there any other insurance policies covering this loss?  
If YES please give details in box below: Yes:  No:

Have you suffered any previous losses within the last 5 years?  
If YES please give details in box below: Yes:  No:

Are you VAT registered? Yes:  No:

Additional Information

Please state the estimated rebuilding cost of your property.

Settlement can only be made to the policyholder. If the 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.

**IMPORTANT INFORMATION TO READ BEFORE SIGNING**

Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help insurers to check the information provided and also to prevent fraudulent claims. When you provide information about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, information relating to that incident will be passed onto the register.

In assessing any claims made, the insurers or their agents may undertake checks against publicly available information such as electoral roll, county court judgements, bankruptcy or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters or investigators.

I/We understand that IDSL may be asked for information they have received from other insurers to check the answers I/We have provided.

Signed:  Date:

Signed:  Date:

Checklist	
Has the claim form been fully completed?	<input type="checkbox"/>
If the policy is in joint names, have you both signed the form?	<input type="checkbox"/>
Have you enclosed two estimates?	<input type="checkbox"/>

**Please return claim form & estimates to:**  
Cox Braithwaite Insurance Brokers  
Park House, Greyfriars Road  
Cardiff, CF10 3AF  
Tel No: 0800 975 3322  
Fax No: (029) 2037 3687  
E-mail: mail@coxbraithwaite.co.uk