

Property claim form



Cornish Mutual Property Claim Form

For office use only

Ref no. _____

Please complete the following sections and return to Cornish Mutual
The settlement of a valid claim will be made on the basis of your policy wording

1. Your details

Please fill in this section for all claims

1.1 Your Member reference number or your policy number

1.2 Name _____

Address _____

Postcode _____

Home telephone _____

Business telephone _____

Email _____

Date of birth _____

Can you recover VAT for this claim? Yes No

1.3 If the insurance is in the name of more than one person to whom should we make any claim payment?

2. About your claim

Please fill in this section for all claims

2.1 Please state the date and time the incident took place

Date _____ Time _____

2.2 Where did the incident take place? _____

2.3 Please state fully how the incident occurred _____

2.4 Are you the owner of the property? Yes No

2.5 Were the premises occupied at the time of the incident? Yes No

2.6 Who, or what, in your opinion was responsible for the incident? _____

2.7 Were there any witnesses? If so please enter their names and addresses _____

2.8 Is the loss or damage insured under any other policy? If yes please give details _____

2.9 Does anyone have a financial interest of any kind in the property mentioned e.g. mortgage company? If yes please give details Yes No

2.10 Has a claim been made against you? If yes please give details Yes No

2.11 Have you experienced any similar loss or damage in the last 4 years? If yes please give details Yes No

3. Claim for theft, loss, riot or malicious damage

If your claim is for any of the above please complete this section otherwise go to section 4

3.1 When was the theft, loss, riot or malicious damage discovered? Date _____ Time _____

3.2 Who discovered the theft, loss, riot or malicious damage?

3.3 On what date did you report the incident to the police?

3.4 To which police station did you report this incident?

3.5 What crime reference number have the police allocated?

3.6 What method of entry was used to enter the premises?

3.7 Do you suspect any particular person of being responsible for the occurrence? Yes No
If yes please give details

4. Claim for the deterioration of food or stock in freezers

If your loss is for the above please complete this section, otherwise go to section 5.

4.1 How old is your freezer?

4.2 What is the cubic capacity of your freezer? (This information can be found in the instruction manual)

4.3 Is the freezer a commercial refrigeration unit?
 Yes No

4.4 If the answer to question 4.3 is yes is there a manufacturer's guarantee or a maintenance and service agreement in place? Yes No

If yes please give details including:

Date of last service _____

Name and address of company _____

4.5 What was the replacement cost of the stock in the freezer at the time of the incident £ _____

4.6 What was the cause of the freezer's failure?

How to complete this claim form

Please read this section and the important information overleaf, detach and keep for your records.

Before completing your claim form please take a moment to read through the information below.

It is important that you do not delay returning your claim form as failure to do so could affect the claim process.

If you have information to support your claim (see important information [iii] on the reverse of this page) please include it when you return this form. If you are waiting for information please return the claim form first and send on the supporting information at a later date. This will enable us to start processing your claim as soon as possible.

Please help us to deal with your claim efficiently either by quoting your Member reference number or your policy number on all correspondence and/or Cornish Mutual's Claim Reference when issued.

If you need more space to answer a section of the form please supply this on a separate piece of paper quoting your Member reference number.

If you have any queries regarding how to complete your claim form please do not hesitate to contact the claims department tel **01872 277151**, fax **01872 263032** or email **claims@cornishmutual.co.uk**.

Please read this section and the important information overleaf, detach and keep for your records.

How to return this claim form

When you have completed this claim form please attach any supporting information and send it to the

Claims Department,
Cornish Mutual,
CMA House,
Newham Road,
Newham,
Truro, TR1 2SU.

As soon as we receive your claim form we will start processing your claim.



The Cornish Mutual Assurance Co Ltd
Registered office: CMA House, Newham Road,
Newham, Truro TR1 2SU. www.cornishmutual.co.uk

Tel 01872 277151
Fax 01872 263032
Email claims@cornishmutual.co.uk

This claim form is liable to alteration from time to time November 2007 – cancelling all previous issues. To help us improve our service, calls to our office may be recorded and monitored

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