



## PROPERTY CLAIM FORM

<b>Policy Number:</b>	
<b>Contact Person:</b>	
<b>Contacts Position:</b>	
<b>Name of Policyholder:</b>	
<b>Address Line 1:</b>	
<b>Line 2:</b>	
<b>Town:</b>	
<b>County:</b>	<b>Postcode:</b>
<b>Telephone:</b>	<b>e-mail:</b>

### CIRCUMSTANCES OF THEFT, LOSS OR DAMAGE (Continue overleaf if necessary):

State fully how the loss or damage occurred:

**Date of Loss:**

**Time of Loss:**

**Place of Loss:**

**Who discovered the loss and when was it?**

**Are you registered for VAT? YES / NO**

**Police Crime Reference:**

**Nature of property damage &/or injuries:**

**Please describe the property being claimed along with original and replacement costs:**

**Signature of Owner/Director:**

**Date:**

Authorised and regulated by the Financial Services Authority.



Coversure Insurance Services, 23 Croydon Road, Reigate, Surrey, RH2 0LY  
Freephone: 0800 308 1010 Fax: 01737 244306 Email: reigate@coversure.co.uk  
[www.coversure.co.uk/branch/reigate](http://www.coversure.co.uk/branch/reigate)

Jeremy Burgess trading as Coversure Insurance Services (Reigate).





**Additional Information: -**

Authorised and regulated by the Financial Services Authority.



Coversure Insurance Services, 23 Croydon Road, Reigate, Surrey, RH2 0LY  
Freephone: 0800 308 1010 Fax: 01737 244306 Email: reigate@coversure.co.uk  
[www.coversure.co.uk/branch/reigate](http://www.coversure.co.uk/branch/reigate)

Jeremy Burgess trading as Coversure Insurance Services (Reigate).

