

Property Claim Form (Damage)

Personal Details

Full Name:

GOLFPLAN Policy Number:

Occupation (including part-time):

Postal Address:

Daytime Telephone Number/E-Mail:

Loss or Damage

Address where damage occurred:

Date and Time of Incident:

Full details of Incident:

Please provide the name and address of your household insurers, policy number and details of any other insurance policies which might cover this loss:

Have you had any previous losses under this or other similar insurance policies? If so, please give details:

State the nature of your interest in the property claimed for, eg. owner, hirer, trustee, etc:

Please provide the names and addresses of any witnesses:

Particulars of Claim

Description of Property	Date Purchased	Price Paid	Cost to repair	Cost to replace as new	Amount Claimed	Office Use Only
Total Amount Claimed:						

In most circumstances, we will arrange contact with our retail partners to replace the equipment. Please note that all settlements will be based on values provided by our retail partner.

If an item is beyond repair, please attach written confirmation from the relevant professional

IN ACCORDANCE WITH POLICY CONDITIONS, PLEASE ATTACH RELEVANT PROOF OF PURCHASE FOR EACH ITEM TO SUPPORT YOUR CLAIM –

i.e. an original sales purchase or till receipt; an original valuation undertaken prior to any loss or damage from the place of purchase or origin or a Bank or Credit card Statement showing evidence of purchase

It is necessary that great care should be taken in the completion of this form and the information you give should be strictly accurate irrespective of whether it is in your favour.

Persons found to have lodged a fraudulent claim are liable for prosecution.

The issue and acceptance of this form does not constitute an admission of liability by Underwriters.

I/We declare that the above statement and facts are to the best of my/our knowledge true, and that I/We have not withheld from the Company any information within my/our knowledge connected with this claim.

Signature of Claimant:

Dated:

Forward to: INSERVIS MVC s.r.o., Türkova 2319/5b, 149 00 Praha 4, fax +420 241 482 028, email mvc@inservis.com