Property Claim Form

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Clear Insurance Management Limited is authorised and regulated by the Financial Conduct Authority.
Registered in England No.3712209. Registered Office: 24 Monument Street, London EC3R 8AJ.

Claim Number:

Privacy Notice

The following information is required in order to process your claim. This will need to be shared with the insurer and any parties they may appoint such as loss adjustors or reinsurers. In addition, many insurers will share details with agencies involved in the prevention or detection of fraud or financial crime.

Our Customer Privacy Notice provides details of how we use and share your information as well as your rights and how to exercise them. You can access it at **www.thecleargroup.com/privacy-policy** or contact us if you would like us to send you a copy.

Where you provide information relating to another person we assume you have a lawful basis for doing so and request that you draw our privacy notice to their attention.

Completing your Form

We recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary and if completing by hand, please use block capitals.

In addition you should:

1. Note that insurers have deadlines for submitting claim forms so do not delay returning this form. If the claim form is submitted late, insurers may decline your claim;
2. If you need assistance completing this form, you can email or telephone the team, details of which are on the Claims Page of the Clear website;
3. Undertake any temporary emergency repairs necessary to secure your property and prevent further damage. Please retain any receipts for insurer consideration;
4. Please note these works will need to be undertaken under your own authority/expense until the insurers are in a position to comment on policy coverage.
5. Retain all damaged items as insurers may wish to inspect them;
6. Provide all documentation in support of your claim including two repair estimates and photographs of the damage.

1. Insured

Insured Name:

Policy Number:

Correspondence address:

Telephone Number:

Email address:

Are you the: Owner ☐ Tenant ☐ Leaseholder ☐ Agent ☐

Business/occupation: Are you VAT registered?

Please provide the details of who we should contact regarding this matter if it is not the Policyholder. Please note that this person must be authorised by the Policyholder to discuss this incident on their behalf.

Name:

Position/title:

Telephone number:

Email address:

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2. The Event

Date and time of loss / damage: Date: Time:

When was the loss discovered:

Who discovered the loss / damage?

Risk address where damage occurred?

Cause of loss / damage:

Circumstances of loss:

Where applicable, please advise of any emergency repairs that have been carried out to prevent further damage:

Have the Police been notified? Yes ☐ No ☐

If yes, give the following details: Station: Crime Ref: Date Reported:

When was the property last occupied prior to the loss?

Is there any other insurance covering the property? Yes ☐ No ☐ Are you the sole owner of the property? Yes ☐ No ☐

If "no" state interested parties:

3a. Property Damage (i.e. redecoration to building damage)

Specify separately each room or building damaged or destroyed	Age of Building	Date when last decorated	Net amount claimed

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3b. Contents/Internal fixtures and fittings

Specify separately item damaged, lost or destroyed	Age of Item	Purchase Date	Net amount claimed

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4. Settlement

In the event of your claim being accepted, any agreed payment will be issued to the Policyholder. If you require payment to be issued to a different person or company, please state the full name here:

5. Declaration

☐ Please tick to declare that the details given on this form are true and complete and to the best of your knowledge

Name:

Date:

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