

To report a new claim please phone 0345 6718171 or complete the form



Tenants' Contents Insurance Scheme Claim Form

Office Use Only

Rent Ref. Number	<input type="text"/>	Date last premium paid	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Inception Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Name of Council/Housing Association	<input type="text"/>		Today's Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sum Insured	<input type="text"/>	
<input type="text"/>	Validator Name	<input type="text"/>		Acc. Damage	<input type="text"/>	Standard	<input type="text"/>
	Validator Phone Number	<input type="text"/>		Optional extras please specify			<input type="text"/>
	<input type="text"/>						

Section 1 - Personal Details

Name

Address

Postcode

Phone: (Home) Phone: (Business) Phone: (Mobile)

Section 2 - Details of Incident

Address at which loss occurred (if different from Section 1)

Postcode

Date of loss/damage Time if known

When and by whom was the loss discovered?

How did the loss, damage or destruction occur? (If theft from building, give details of how entry was gained)

Did the Fire Brigade attend? Yes No

Please complete this section only in the event of Theft or Malicious Damage

Were the police notified? Yes No

When and at what police station was the report made?

Date Station Name and Address

Officer's Name and No:

Crime Ref. No:

Give details of any witnesses, providing names and addresses

