

Please return this form to:

DIRECT GROUP PROPERTY SERVICES, PO BOX 800, HALIFAX, HX1 9ET

TEL: 0844 412 4258 • FAX: 0844 412 4293 • Email: propertynexus@directgroup.co.uk

UK General Insurance Ltd are an insurers agent and in the matters of a claim act on behalf of the insurer.

Policyholders Full Name:

Policyholders Reference:

Correspondence Address:

Policyholders Contact Details:

Daytime:

Evening:

Mobile:

Email:

Address at which loss/damage occurred:

Date of Loss:

Are you registered for VAT purposes:

YES NO

How did the damage occur?

Description of property damaged/lost:

Estimate of loss:

If theft or malicious damage, the Police MUST be advised promptly.

Name & address of Police Station:

Crime Reference Number:

Tel No:

Date reported:

Have you previously made a claim against any other insurer?

YES NO

If YES, please provide details:

Was the property occupied at the time of the loss?

YES NO

If NO, please answer all of the following:

1. How long has the property been unoccupied for?

2. When did you or your representatives last inspect the property?

3. Are the gas, electricity and water services at the property turned off?

YES NO

Full details of the claim must be submitted as soon as possible after the event and always within 30 days of the incident occurring. You must also provide us with all information and evidence, including written estimates and proof of ownership and value that we may request.

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e may request.

I/We declare that the information contained within this claim form is correct to the best of my/our knowledge and belief.

Date:

Signature(s):