

Property Claims Form

Important Information

Report Claims Immediately

The **sooner** we know about a **potential claim**, the quicker we can respond. Use the Ascend Claims App to make the fastest report: [click here](#).

Email this completed report form to: claims@ascendbroking.co.uk.

After an incident, think SAVE:

Speed – Report the incident within the hour if safe to do so

Accurate – Ensure your report is detailed and truthful

Vigilance – Report any suspicious findings to the Police

Evidence – Gather as much as possible e.g. photographic/video evidence, CCTV footage from the area

SAVE = Your time and money



Property Claims Form

POLICYHOLDER DETAILS	
POLICYHOLDER: V.A.T Registered? YES / NO	POLICY NUMBER:
Address:	
Postcode:	
Person to contact:	
Mobile number:	Email:
Telephone:	
Peril Information	
Date and time of incident:	
Address at which loss or damage occurred:	
State in as much detail as possible, exactly how the loss or damage occurred:	
Name and address of person(s) responsible for the loss or damage (if applicable):	
Address of police station where you reported the incident:	Crime reference number:
Date and time that the incident was reported:	
Burglary / Theft	
If burglary or theft was committed at the property, how was entry gained?	



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Are there any signs of forced entry to the building? If yes, please give details:

Is the property fitted with an intruder alarm system?

YES / NO

Was this alarm armed at the time of the incident?

YES / NO

Is there any CCTV cameras enclosing the property?

YES / NO

If there is CCTV footage of the incident, please provide it to us.

Particulars of claim

Description of property lost, stolen or damaged (including make & model)	Date of purchase (if possible, please provide purchase evidence)	Original purchase price	Estimated cost of repair	Replacement cost if not repairable	Amount claimed

Have you instructed repairs to any of the property? If yes, please provide details:

Is the property owned by you? If no, to whom does the property belong?

Do you hold any other policies which may also cover this occurrence? If yes, please provide details:

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Declaration

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We understand that if any fraudulent behaviours including inflation and exaggeration of the claims are used, all benefit under the Policy shall be forfeited and criminal proceedings may ensue. I/We have not withheld from the insurer any information within my/our knowledge connected with this claim. I/We agree to provide the insurers with any further information or documentation as may be reasonably required. I/We understand that the insurers do not admit liability by the issue of this form.

Signature of Policyholder:

Print name:

Date:



Ascend Broking Group
Business Insurance Solutions

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Additional Information