



Insurance | Risk Management | Consulting

| Member of Wheatley Group   |                  |                |        |          |
|--|------------------|----------------|--------|----------|
| Policy number (if known)   |                  |                |        |          |
| Your full name   |                  |                |        |          |
| Correspondence address   |                  |                |        |          |
|  |                  |                |        |          |
|  | Postcode:        |                |        |          |
| Telephone number   | Mobile           |                |        |          |
| Email Address  |                  |                |        |          |
| Occupation   |                  |                |        |          |
| Are you the (tick as appropriate)  | Leaseholder 🗌    | Shared Owner 🗌 | Owner□ | Factored |
| Address of property where damage occurred  | Postcode:        |                |        |          |
| Type of property (e.g. house, flat)  | Age of Property  |                |        |          |
| How long have you owned the property   |                  | Yrs            |        | months   |
| Date damage occurred   |                  |                |        |          |
| What happened to cause the damage  |                  |                |        |          |
| Details of damage including estimated repair cost  |                  |                |        |          |
|  |                  |                |        |          |
| Are you making a claim with your Home Contents insurer?  |                  |                |        |          |
| We require two written estimates. If you are not attaching two estimates, please explain why                       |                  |                |        |          |
|  |                  |                |        |          |
| Name and address of person responsible for damage (if applicable   | e)               |                |        |          |
|  |                  |                | Post   | code     |
| Crime Reference Number   |                  |                |        |          |
| (This is a policy requirement for all vandalism / malicious damage / theft related claims)                         |                  |                |        |          |
| Was the property occupied at the time  | ne of the loss?  | YES / NO       |        |          |
| If no, state the last date on which the occupied   | e property was   |                |        |          |
| Have you made any other claims in t  | he past 3 years? | YES / NO       |        |          |
| If so, please provide details (continue overleaf if required)  |                  |                |        |          |
| $I/We\ declare\ that\ all\ the\ answers\ provided\ are\ true\ and\ correct\ to\ the\ best\ of\ my/our\ knowledge.$ |                  |                |        |          |
| Signed   |                  | Date           |        |          |