

EOS magazine



Photo **insurance**

All risk photographic equipment insurance for non-professional photographers

CLAIM FORM



County Insurance Services

County House, Glyme Court, Langford Lane,
Kidlington, Oxfordshire OX5 1LQ
Tel: 01865 290923 Fax: 01865 841147
E-mail: claims@county-insurance.co.uk
*Regulated and authorised by
Financial Services Authority 144673*

Claim Number _____

Policy Number _____

Name of Insured _____

Address _____

Postcode _____

Occupation _____

Home Tel No _____

Day Tel No _____

Address or location where incident occurred

Date of Loss or Damage _____ Time _____

How did the loss or damage occur? _____

CONTINUE ON NEXT PAGE

If loss was from premises, were the premises unoccupied at the time of loss? YES/NO

If YES, date last occupied _____

Is the property insured under any other policy? YES/NO
If yes, give details

Are you the sole owner of lost, damaged or, destroyed property? YES/NO

If no, give details _____

PLEASE COMPLETE THIS SECTION IF CLAIM IS FOR THEFT, LOSS, OR, MALICIOUS DAMAGE

Name of person who discovered the incident _____

Date property was last seen _____ Time _____

Date the police were notified _____ Time _____

Address of police station _____

Crime reference no: _____

Have any other steps been taken to recover the property?

PLEASE COMPLETE THIS SECTION FOR PERSONAL INJURY, OR DAMAGE TO PROPERTY OF OTHERS

Full name of person concerned _____

Address _____

Details of injury/damage _____

How caused _____

PLEASE COMPLETE AND SIGN DECLARATION ON THE NEXT PAGE

DETAILS OF CLAIM

ARE YOU REGISTERED FOR VAT? YES/NO

| Description of property loss, destroyed, or damaged | When purchased and type of payment (i.e. Access, Visa, Cash, etc) | Cost price | Estimated cost of repair, or, replacement (if repair is not possible) | Allowance for depreciation (wear & tear) if applicable | Net amount of claim |
|---|---|------------|---|--|---------------------|
| | | | | | |

Please provide two written professional estimates for repair/replacement where applicable.

WARNING – FRAUD

A fraudulent claim will result in the loss of all policy benefits and may lead to the institution of criminal proceedings. Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the claims and underwriting exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim will be provided to participants.

DECLARATION

I/We hereby claim for loss by destruction, or damage, or injury and declare that all information on this claim is true to the best of my/our knowledge or belief.

Signature of Policyholder _____

Date _____