



Insure4Retirement

Home Insurance Claim Form

Introduction...

We'd hoped you'd never have to make a claim but if you're about to complete this form we hope this simple step by step guide will help by making sure you know who to contact, how best to contact them and the information you will need to have ready before you contact them.

Please read the following notes carefully before completing your form.

David Holden
Managing Director



First things first!

Claims are handled by specialist teams **NOT** by Insure4Retirement. To handle your claim efficiently your claim team will need specific information about your claim and will also ask you for some detailed questions to help them handle your claim efficiently and help prevent fraud. This form is designed to make that process quick and simple.

It is important that you do **NOT**;

- Admit or deny any responsibility for any incident
- Negotiate or settle any claims made against you by anyone else, unless you have written permission from your insurer.



Understanding the following points will help you to make your claim;

1. What should you use this form for?

Any household claims under sections 1 to 8 of your Insure4Retirement Home Insurance Policy (PLEASE REFER TO YOUR POLICY BOOK)

- For all other sections (9 to 12) please refer to our Quick Guide to making a claim, which can be read or downloaded from our website www.insure4retirement.co.uk/claims

2. Inform the police within seven days

If your claim relates to loss, theft or malicious damage – always ask them for an **INCIDENT NUMBER** and take the name of the officer you dealt with

3. If you need emergency repairs

You should carry these out as soon as possible to prevent further damage. Please remember that we will need all invoices for emergency repairs. If you require emergency repairs you can contact our 24-hour Domestic Helpline Services on 0845 602 0746 quoting Policy Number: **HL4288024**. Please do not phone this number to report an insurance claim

4. If your claim is for any damaged property

Please **DO NOT** dispose of it until we have been given an opportunity to inspect it, otherwise this may jeopardise your claim. It is a good idea to take photos

5. If you currently have a No Claims Discount

Making a claim may result in loss or reduction of this at your next renewal

6. Please make sure that you comply with the Policy Conditions

These are listed in your policy book, as well as any additional endorsements, which will be shown on your Home Insurance Schedule

7. Your claim will be fully investigated

Which may mean we require further information or to inspect your property – you will be contacted if this is the case

8. False or dishonest claims

It is in the interest of all of our policy holders that we seek to identify any false or dishonest claims, including exaggerating claims, and to assist in this we will:

- Report any suspicious claim to the Police, interested Government departments and other insurance companies;
- Co-operate with the Police or any Government departments in the investigation and prosecution of anyone suspected of committing a crime;
- Take legal action necessary to recover money obtained through a dishonest claim;
- Publicise any successful legal action to deter others

9. Complete this claim form

Take a few minutes to read and complete the form. This will make sure you have an accurate list of missing items or damage and will also speed things up when you call the claims line. If you make a mistake you can get another form from our website www.insure4retirement.co.uk/claimform

10. Call the 24 hour claim line for your insurer

Report your claim, details of who you should call are below. If you are unsure if you are covered or which part of your policy applies to your claim please refer to your policy schedule

What to do next...

1. Before you complete the form, please read all sections carefully to make sure you understand what information is required
2. Please complete all of the sections of the form fully, including all required information, in **BLOCK LETTERS**
3. If you need any help filling this form out, give us a call on **08456 500 500** and we will be happy to help
4. Please remember to **SIGN** the declaration at the end of the form

When you are sure you have all the information complete the form, sign and send to the address at the end of the form.

Make sure you send it to the correct insurer





Insure4Retirement

Home Insurance

Claim Form



Please complete sections 1 – 5 of the next three pages.

When you are sure that all details of your claim are accurate please sign and date the form and send it to the insurer who underwrites your policy using either address A or B on the last page.



Section 1 - Your details

Please complete all details

Policy Number		Mortgage Account Number/Roll Number	
Title	Surname	Christian Name(s)	
Date of Birth		Sex Male/Female (delete as appropriate)	
Occupation: Part-time		Full-time	
Postal Address			
Postcode			
Risk Address (if different from the Postal Address)			
Postcode			
Telephone: Home	Work	Mobile	

What is the current total replacement value of the contents of your home?

What is the current rebuilding cost of your building?

How many bedrooms are in your home?

Is any trade, profession or business carried out at your home?

Insert YES or NO

If YES provide details

Have you or any member of your family or any person living with you made a claim under any insurance policy or suffered any loss or damage, in the last 3 years?

Insert YES or NO

Ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson, drugs or have any prosecutions pending?

Insert YES or NO

If YES provide details

Section 2 - Incident details

Please complete all details

Date and time of incident

/ /

am/pm

Where exactly did the incident occur?

State exactly how the incident occurred

Was your home unoccupied at the time of the incident?

Insert YES or NO

If "YES", for how long was your home unoccupied prior to the incident?

Was your home unfurnished at the time of the incident?

Insert YES or NO

Was your home or any part of your home lent, let or sub-let at the time of the incident?

Insert YES or NO



Section 3 - Loss/Theft/Malicious Damage

Only complete if your property has been lost, stolen or maliciously damaged

Date and time incident reported to Police / / am/pm

Address of Police station where the incident was reported

Crime reference number (obtained from the Police)

If theft from a building, how was entry gained?

Were there any visible signs of forced entry to the building? Insert YES or NO

If YES provide details

Is a burglar alarm fitted to your buildings? Insert YES or NO

If "YES", was it in operation at the time of the incident? Insert YES or NO

Section 4 - Claim Details

Please complete all details. You must be able to prove the loss. Please include any documentation that support the existence of the items, such as photographs or receipts

Full descriptions of property (including make, model and serial number)	Date and place of purchase	Original purchase price (£)	Original purchase receipt attached (delete as appropriate)	Is the item repairable? (delete as appropriate)	Estimated cost of repair/replacement (£)	Amount claimed (£)
			YES/NO	YES/NO		
			YES/NO	YES/NO		
			YES/NO	YES/NO		
			YES/NO	YES/NO		
			YES/NO	YES/NO		

Continue on a separate sheet if necessary

Have you obtained your own estimate? (If so, please attach to claim form) Insert YES or NO

Do you require one of our specialists to contact you with regard to repair or replacement of the property? Insert YES or NO

Are all the items detailed above owned by you, or members of your family living permanently with you? Insert YES or NO

If "NO", to whom does the property belong?

Do you hold any other insurance policies which may also cover this incident (e.g. travel insurance)? Insert YES or NO

Insurer

Policy Number



Section 5 - Declaration

Please check and sign the following declaration before returning the form

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld any information within my/our knowledge connected with this claim. I/We accept that if I/We exaggerate any part of this claim or make any false declaration or statement, I/We shall not be entitled to receive any benefit under the certificate in respect of this claim.

Furthermore I/We accept that any such action on my/our part may render me/us liable for prosecution.

I/We agree to provide any further information or documentation as may be reasonably required.

I/We understand that the insurer does not admit liability by the issue of this form.

I/We understand that you may seek information from other insurers to check the answers I/We have provided.

Claims & Underwriting Exchange

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.

Signature of Policyholder(s)

Date

Return Address

This claim form should be returned to the correct claim team, **NOT** directly to Insure4Retirement. Please check who underwrites your policy and return to the relevant address – your underwriter is noted on your Home Insurance Schedule. Choose either **A** or **B**

A

If your Policy is underwritten by Equity Red Star, please send the form to:

EQUITY RED STAR
HOME CLAIMS DEPT
PO BOX 500,
SWANSEA
SA1 9BB

B

If your Policy is underwritten by Prestige Underwriting Services, on behalf of Axa UK Plc, please send the form to:

PRESTIGE UNDERWRITING SERVICES LTD,
THE LANYON BUILDING,
10 NORTH DERBY STREET,
BELFAST,
BT15 3HL

If your policy is in joint names and you wish the settlement cheque payable to only one of you then confirm the name here.

All joint names must be in agreement to this process and all must sign below.

Signature of Policyholders

Date

