

Theft Claim Form



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1 YOU THE POLICYHOLDER

PLEASE USE BLOCK CAPITALS

Name of Insured

Address

Town County

Post Code Date Premium Paid

Occupation Telephone No

Please state the maximum number of bedrooms (include all rooms designated as bedrooms even if not used as such)

Policy No Value Added Tax. Are you a registered person or company?

2 CIRCUMSTANCES OF THE CLAIM

a Date of theft Time a.m./p.m.

b Where did the theft occur?

c Type of premises (i.e. shop, flat, house etc.)

d Describe fully how the theft occurred including the **Method of Entry** to the premises i.e. - type of protections overcome - how achieved

e Who discovered the theft?

f When was the stolen property last seen?

g Who was last to see the property and where?

h Were the police notified? YES/NO If YES address of station

i Date of notification to police Police Crime Reference No

3 GENERAL INFORMATION (WHERE APPLICABLE)

a Were the premises unoccupied? YES/NO If YES when last occupied

b Are you the owner of the premises? YES/NO If you are a tenant give the name/address of owner

c Are you responsible for repairs? YES/NO

d Is there any other policy in force providing cover for this theft? YES/NO If YES give details to include Insurers name/address and policy no

e What is the total of buildings and/or household/trade contents of the premises?

i buildings ii household/trade contents

f Have you ever suffered similar loss/damage? YES/NO If YES give details and whether claim made on Insurers

