



Personal Property Claim Form

Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and send it to us without delay. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive on the following numbers if you require any assistance with completing this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS.

Tick the boxes and sign and date the form

Claims Department Contact Numbers

Andrea Compton	0116 2999 071
Kally Toft	0116 2999 016
Matthew Thompson	0116 2999 020

Directors/Account Executives

Chris Thorpe	0116 2999 009
Dave Norwood	0116 2999 015
James Moore	0116 2999 019
Ketan Popat	0116 2999 064
Jo Watson	0116 2999 003
Perry Turner	0116 2999 002
Peter Turner	0116 2999 005

Late Notification

Please note that if your Insurance Company does not receive notification of your claim within a reasonable period of time, they may decide not to deal with your claim, or any claims made against you.

Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

Supporting Evidence

The claim will need to be supported by estimates for repair or replacement. If you believe the claim is going to large or complicated, please complete this form and either email or fax it to us immediately as your Insurers may wish to appoint Loss Adjusters.

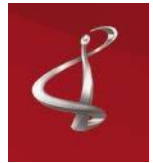
Email – claims@turnerinsurance.co.uk

Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the Directors of Turner Insurance Group. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Services Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

Turner Insurance Group

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerinsurance.co.uk
Authorised and regulated by The Financial Conduct Authority



Personal Property Claim Form

For office use only Turners Claim Reference _____
Insurance Company _____

POLICYHOLDER

Name/Insured			
Policy number			
Address			
Daytime telephone number		Occupation	
E-mail address			

THE EVENT

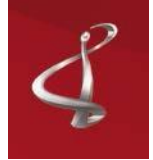
Date		Time		am/pm
Location				
When was loss discovered?			By whom?	
Were premises occupied at the time?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If not, last occupied when?	
Were the Police contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Crime Number	
Address of Station			Date contacted	
What precautions against loss/damage were taken?				
State fully circumstances of loss				

GENERAL DETAILS

Are you the owner of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, who is?	
Details of any other interested party			
Is the property used for business purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, give details	
Are there any other insurance on this property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, give details	
State the current full value of your Buildings	£	Contents	£
State type of dwelling (eg. detached house)			
State construction (eg. brick with tile roof)			
Number of bedrooms		Year built	
Is your home occupied for residential purposes only by you & your family?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously made any claims for property damage? (If Yes, give details)			Yes <input type="checkbox"/> No <input type="checkbox"/>

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THE PROPERTY (continue on separate sheet of paper if necessary)

Original purchase receipts or valuations should be attached. Where applicable, attach estimates for repair or replacement, but do not delay submission of this form if not immediately available. Damaged property should be retained for inspection if required.

Detailed Description of Property (including Model & Serial Numbers)	Date of Purchase	Original Cost £	Replacement or Repair Cost £	Amount Claimed £

TOTAL £

DECLARATION

Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident which may or may not give rise to a claim, we will pass the information relating to it to the register. In assessing claims made insurers may also undertake checks against publicly available information as necessary such as electoral roll, county court judgements, bankruptcy orders or repossessions. Some of the information that you provide us about this claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them, and we may ask them to pay a contribution to this claim. A contribution payment is normal practice where two or more policies cover the same thing.

The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that you may ask for information from other insurers to check the answers I have provided. I understand that the Insurer does not admit liability by the issue of this form.

Signature of Policyholder		Date	
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