

BUILDING & ESTATE CLAIM FORM



It is important that the information you provide to us is to the best of your knowledge true, accurate and complete. If we or the insurer discover that the details provided to us are untrue, inaccurate, or incomplete, this may result in the refusal of a claim.

SECTION 1 – YOUR DETAILS (Please complete in all cases)

Policyholder's Name	
Scheme Number/Account Number	
Address	
Postcode	
Business Occupation	
Contact Details: telephone, email	
ARE YOU VAT REGISTERED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (This question must be answered)

SECTION 2 – GENERAL DETAILS

Date & Time of Incident	
Address at which loss / damage occurred	
Postcode	
How did the loss / damage occur?	
Name of Persons responsible for loss / damage <i>(If applicable)</i>	
Address of Persons responsible for loss / damage <i>(If applicable)</i>	
Postcode	
Registration of Vehicle <i>(if applicable)</i>	

Knight Square Insurance Brokers Limited (trading as Knight Square Insurance)

Registered in England No. 3479579 | Authorised and regulated by the Financial Conduct Authority – FCA Register No. 308484

**IF PROPERTY WAS LOST, STOLEN, MALICIOUSLY DAMAGED OR VANDALISED
PLEASE ANSWER THE FOLLOWING QUESTIONS:**

SECTION 3 – THEFT					
How was entry gained to the building?					
Were there any visible signs of forced entry to the building?		YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(if yes, please give details)</i>			
Date & time incident was reported to the Police					
Name & Address of the Police station reported to					
Police Reference number					
Was the intruder alarm in operation at the time of the incident?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Was the alarm active?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
SECTION 4 – PARTICULARS OF CLAIM					
Description of Property Lost, Stolen or Damaged	Date of Purchase	Original Purchase Price	Estimated Cost of Repair	Replacement Cost (if not repairable)	Amount Claimed

IF YOU HAVE OBTAINED ESTIMATES OR ACCOUNTS, PLEASE ATTACH & SEND THEM WITH THE COMPLETED CLAIM FORM

If water damage, has the source of the leak been rectified?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the claim is being submitted 30 days after the incident, please advise as to the delay	
Is the property fully occupied?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(if no, please give details)</i>
Please give details of any similar losses under this or any similar policy	

Please state who is completing the form	Policyholder / Leaseholder / Tenant
SECTION 5 – DECLARATION	
I/We declare that the statements made are true to the best of my/our knowledge & belief and I/we claim the amount above in respect of the items mentioned. I/We have not withheld from the insurer any information within my/our knowledge with this claim.	
Name Signature	Date

Email completed form to: info@knightsquareinsurance.co.uk