Claim form

Please take reasonable care to answer all the questions honestly and to the best of your knowledge. Your answers to the questions will affect our decision to process your claim. If you do not understand a question or cannot answer it, please contact us immediately because if you don’t answer the questions correctly, this can decline or delay your claim.

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| Policy holder details | |
| Name of policy holder: |  |
| Policy number: |  |
| Contact name and relationship to the policy holder: |  |
| Telephone number |  |
| Email |  |
| Address |  |
| Are you VAT registered? |  |
| If so, please provide your VAT registered number? |  |

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| Claim type | |
| What are you claiming for? | Bodily injury to a member of the public  Bodily injury to a volunteer/employee  Third party property damage  Damage/loss/theft to hired or owned property  Cancellation/Abandonment  Wedding Insurance sub-section |
| Claim value (if known): |  |

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| Claim details | |
| Detail one of the claim reasons below:   * Details of what was lost/damaged or stolen * Details of who was injured * Details of why your event  was cancelled |  |
| Where and how did the incident occur? (Please be as detailed and accurate as possible) |  |
| Time and date of the loss or injury: |  |
| Time and date that the loss or injury was reported to you: |  |
| **PLEASE NOTE: Losses not reported to us within 31 days of their occurrence can void your insurance contract and a claim may not be paid.** | |
| If there has been a delay in your claim submission, please provide details here: |  |

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| Evidence and supporting information (as required) | |
| Is there any photographic or video evidence which can be used to support your claim? If so, please supply details and attach to this form. |  |
| Do you have invoices/receipts confirming purchases or monies owed? If so, please supply details and attach to this form. |  |
| Do you have copies of contracts/booking forms/conditions of hire confirming you are liable? If so, please supply details and attach to this form. |  |
| Do you have any correspondence between the claimant and yourself? If so, please attach it to this form. |  |
| Have you received any correspondence from Solicitors acting on behalf of an injured person? If so, please attach it to this form and forward on to us **immediately**. |  |
| Do you have any accident or First Aid reports on the incident, as well as any Risk Assessments and Health and Safety documentation for your event? If so, please supply details and attach to this form. |  |
| **PLEASE NOTE: We reserve the right to request additional information or evidence depending on the circumstances of your claim.** | |

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| Third party details  (If the damage or injury was caused by a third party at your event, please supply their details.) | |
| Name of company or individual involved: |  |
| Company or individuals telephone number or email: |  |
| Company or individuals address: |  |
| If the third party holds their own Liability cover, please supply the name of their insurer and their policy number |  |

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| Important – please sign belowPlease sign to confirm the information provided in this form is true, accurate and complete. (By signing this document, you are aware that in the event any information is proved to be false, in accurate or incomplete a claim may not be paid.) | | | | |
| Signature |  | Date |  |  |
| Return to:  Email**:** [**lucye@events-insurance.co.uk**](mailto:lucye@events-insurance.co.uk) (FAO: The Claims Department)  Call: **01425 470360**  Post: **Event Insurance Services Limited,** Claims Department, 20A Headlands Business Park, Ringwood,   Hampshire, BH24 3PB | | | | |