

Please return to:

Claims Department, COBRA Insurance Brokers Ltd
 Quadrant House, Croydon Road
 Caterham, Surrey, CR3 6TR

Please complete fully in **BLOCK CAPITALS**

T: 01883 346346 F: 01883 330222 E: claims@cobrainurance.co.uk

<u>1. INSURED</u>	
a. Name:	
b. Address:	
c. Telephone Number:	
d. Fax Number:	
e. Business/Occupation:	
f. Value Added Tax. Are you a registered person or company?	
g. Are there any other insurances in force covering the same loss or damage? If Yes, please provide details:	<p><u>Yes/No</u></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<u>2. GENERAL DETAILS</u>	
a. Incident Date & Time (am/pm):	
b. How and where did the incident occur?	
c. Name and address of any other parties involved:	
d. In the last 5 years have you sustained a loss or claimed against any insurer for any of the risks covered by this policy? If <u>Yes</u> , please provide details:	<p><u>Yes/No</u></p>
e. Details of any person/company with an interest in the items for which you are claiming (e.g. mortgagee, landlord, hire purchase company etc):	
f. Do you occupy the property as the:	<u>Owner/Tenant</u> – please delete as applicable
g. Was the home unfurnished at the time of the incident? If <u>Yes</u> , for how long	<p><u>Yes/No</u></p>
h. Was the home unoccupied at the time of the incident? (i.e. not lived in by your family or anyone who has your permission such as a tenant) If <u>Yes</u> , for how long	<p><u>Yes/No</u></p>

