

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

1. INSURED

a. Name:	
b. Address:	
c. Telephone Number:	
d. Fax Number:	
e. Business/Occupation:	
f. Value Added Tax. Are you a registered person or company?	

2. CIRCUMSTANCES

a. Date/Time of loss or damage:	
b. Place:	
c. Give full details of how the incident occurred:	
d. Name and address of the Person who caused the incident:	
e. Name and address of his/hers employers:	
f. Name and address of the Company/Person for whom you were working and/or under contract	
g. i) Give the name of the person injured, or the owner of the damaged property ii) Their address iii) Their occupation iv) Is the person in your service, if no please confirm the name and address of his/her Employer	

<p>h. Names address and telephone numbers of witnesses to the incident:</p>	
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3. GENERAL INFORMATION	
Damage	
<p>a. Description of the property damaged:</p>	
<p>b. Nature and extent of the damage:</p>	
<p>c. In the event of bodily injury or death of a third party, please provide full details:</p>	
<p>d. Have any changes been made in the insured premises since inception/renewal? If yes, please provide details:</p>	
<p>e. Have you suffered any previous loss or damage from risks covered by this policy, or similar policies in the last five years? If Yes, please provide details:</p>	<p>Yes/No</p>

Description of Property	From whom purchased	Date of Purchase or Manufacturer	Original cost price (less profit and VAT)	Value of Salvage	VAT if claimed	Net claim ((i.e. replacement/repair less salvage, profit and VAT)

Insurance companies maintain a number of anti-fraud and theft registers to help check information and prevent fraudulent claims. Insurers may search these registers as part of their investigations and will pass information relating to this incident to the appropriate register(s) for the future reference of other parties.

4. DECLARATION

I/we declare that all particulars on this form are true and correct:

Name:

Signature:

Status of Signatory:

Date:

Please complete and return this form to COBRA Insurance Brokers as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to COBRA Insurance Brokers or the Insurer. If the claim is for repairable damage i.e. buildings, then a Tradesman's estimate will be required.

COBclm/Prop/080