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In the case of theft:  
 How did thieves gain entry?

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If fitted, did alarm operate? If not, why not?

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Is the property insured under any other policy? If so, please give details

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Is any other person interested in the property as owner, lessor or otherwise?  
 If so, please give details

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Were the police informed? If so, please state: Date \_\_\_\_\_

Police Station address \_\_\_\_\_

Crime Number \_\_\_\_\_

Have you previously suffered a loss/damage of this nature? If so, please give particulars

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Was the lost/damaged property in the possession of a Third Party (eg a haulier/carrier) at the time of loss? If so, please provide details and advise whether a claim has been lodged against them

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**Statement of claim** If there is insufficient room below please use separate sheets as necessary

Item full description	Details of damage	Cost to repair/replace (excluding VAT)	Estimates attached or to follow	
			Att	Foll
		£	Att	Foll
		£	Att	Foll
		£	Att	Foll

Item full description	Details of damage	Cost to repair/replace ex VAT	Estimates	
			Att	Foll
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
		£		
<b>Total amount claimed</b>		<b>£</b>		

**VAT Status**

Registered YES  NO  PARTIALLY EXEMPT  VAT Number

If partially exempt, state percentage recoverable %

PLEASE NOTE THAT THIS FORM MUST BE SIGNED

**I declare that these particulars are true and complete in every respect**

Name

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Position

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Signature

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Date

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Return to Icon Insurance Mill Court, Mill Street, Stafford ST16 2AX

Fax **0845 603 7653**

