

IMPORTANT NOTES

1. The issue of this form does not constitute an admission of claim liability by Kamkit.
2. Please ensure that all sections of the form are completed. The form must be returned to us at the address shown overleaf within 90 days.
3. Kamkit reserve the right to appoint loss adjusters to review the claim and also to request further information from previous insurers.
4. If there is insufficient space on the claim form, please continue on a separate sheet of paper.

 Name of insured Policy No.

 Occupation Telephone No Day Eve

 Address Email

 Exact time and date of loss/damage Date: Time:

 Name and address of person who first discovered loss/damage

 Place where loss/damage occurred

 Names and addresses of 2 Witnesses
 1) Name Address
 2) Name Address

 What steps have been taken to recover the property?

 State fully how Loss/damage occurred (a 4 or 5 word answer is not sufficient). Attach a diagram if necessary:

 Are you registered for V.A.T? Yes No If yes, what is your number?

 Has any other person an interest in the property claimed for?

 Have you previously made a claim under any policy of insurance with us, or ANY OTHER INSURER in the last 6 years?
 Date Insurer

 Nature of loss Amount claimed £

 Is there any other Insurance covering the property concerned?

 Has the theft been reported to the police? Yes No

 Date Police advised: Reporting Officer:

 Police Station: Incident report No:

