



CLAIM FORM



Kruskal
INSURANCE BROKERS

**IT IS ESSENTIAL THAT THIS CLAIM FORM BE RETURNED
TO KRUSKAL INSURANCE BROKERS WITHIN 60 DAYS
OF THE INCIDENT DATE.
FAILURE TO DO SO MAY PREJUDICE THE CLAIM.**

PROPERTY OWNERS CLAIMS MANUAL

How to Lodge a General Claim

- Immediately contact our team at Kruskals on 020 8458 9911 to notify them of the incident.
- Ensure that you take all steps to prevent any further loss or damage.
- Claims for burglary/theft or other crime related events must be reported to the Police.
- The Police will give you a Crime Reference number, which you will be required to note in your claim form.
- In some instances we will require a claim form to be completed. We are happy to post, email or fax you a claim form or you can download one from our website at www.kruskals.com. You can send the completed form back to us via email to kib@kruskals.com or by fax to **020 8458 3192**.
- A loss adjuster may be appointed to assist with your claim.

Please note the following information may be required:

- Two written quotations for the repair.
- If an item is irreparable a written quote confirming this and a quote to replace the item.
- Please retain all invoices for any emergency repairs.

Remember, complete information speeds claim settlement!

If you have any queries or wish to discuss your individual circumstances, please call us and we will be happy to assist you.

CLAIM FORM

Kruskal Insurance Brokers
Insurer:

Policy No:

1. Insured

Mr / Mrs / Miss

Forename: _____

Surname: _____

Name of Freeholder
(if not same as above): _____

2. Address where damage occurred

Postcode: _____

Correspondence Address if Different From Above:

Postcode: _____

Contact name: _____

Contact Telephone No:

When available? **am / pm**

3. Loss or damage occurred at:

_____ **am / pm** on _____ / _____ / _____

4. At the time of the incident were the premises:

- Occupied Unoccupied
 Let Unlet

5. Type of premises:

- Commercial Residential Block of Flats

6. Cause of Loss or Damage:

- Fire Storm Theft
 Burst Pipes Glass Malicious Damage
 other (please specify)

7. If criminal damage please state

Police Crime Reference No: _____

& address of Police Station: _____

8. If Fire Brigade attended state

Station name and address: _____

9. Circumstances of Loss and extent of damage:

10. Are there any other persons interested in the property:

- Yes No

If Yes state name: _____

and interest: _____

11. Are there any other insurances in force covering the property:

Yes No

If Yes please state Insurers name: _____

Policy No: _____

12. Particulars of Claim :

Note: Claim Forms relating to Loss or Damage involving repairs or rebuilding work should be supported by two comparative tradesmen or builders estimates, which can be forwarded later if not available immediately. The original invoices and receipts for any work carried out should also be forwarded.

Details of repair/replacement:

TOTAL COST:

£

AMOUNT CLAIMED:

£

13. Has the work been authorised:

Yes No

14. In respect of this claim will the lessee be able to recover VAT on the cost of repair or replacement:

Yes No

(if the answer is YES the amount claims should be net of recoverable VAT)

15. To Whom should any settlement cheques be made payable to?

Name of Company: _____

Other (please Specify): _____

16. Please provide details of any previous losses that have occurred at above address:

17. Declaration:

I/We declare that the information given on this form is true to the best of my/our knowledge and belief.

Signature: _____ Date: _____

Countersignature: _____ Date: _____

PLEASE RETURN THIS FORM WITH SUPPORTING DOCUMENTS DIRECT TO KRUSKAL INSURANCE BROKERS. THE DOCUMENTS SHOULD BE SUBMITTED AT THE EARLIEST OPPORTUNITY AFTER THE DATE OF THE LOSS/DAMAGE. ESTIMATES AND ANY OTHER RELEVANT SUPPORTING DOCUMENTATION ARE REQUIRED.



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