

# General Claim Form

Crown House, 145 City Road, London EC1V 1LP Telephone: 020 7656 6000 Facsimile: 020 7251 0345

- When completing this form, please tick the appropriate boxes and answer all questions using BLOCK CAPITALS.

## 1 You the Policyholder

Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Date Premium Paid	<input type="text"/>
Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Policy Number	<input type="text"/>	Value Added Tax. Are you a registered person or company?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 2 Circumstances of the Claim

a	Date (dd/mm/yyyy)	Time	g	Was any person(s) responsible for loss/damage?
	<input type="text"/>	<input type="text"/> am/pm		Yes <input type="checkbox"/> No <input type="checkbox"/>
b	Where did the loss/damage occur?			If yes, say why
	<input type="text"/>			<input type="text"/>
	<input type="text"/>			<input type="text"/>
c	Describe fully how loss/damage occurred.			<input type="text"/>
	<input type="text"/>			<input type="text"/>
	<input type="text"/>			<input type="text"/>
	<input type="text"/>			<input type="text"/>
	<input type="text"/>			<input type="text"/>
d	Were the police notified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	h	Name and address of person(s) responsible
	If yes, address of station	<input type="text"/>		<input type="text"/>
	<input type="text"/>			<input type="text"/>
	<input type="text"/>			<input type="text"/>
e	Date of notification to police	Police Crime Reference No	i	If they are Insured against causing this incident state Insurers name, address and policy number
	<input type="text"/>	<input type="text"/>		<input type="text"/>
	<input type="text"/>			<input type="text"/>
f	Were the fire brigade called?	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="text"/>
	If yes, address of station	<input type="text"/>		<input type="text"/>
	<input type="text"/>			<input type="text"/>
	<input type="text"/>			<input type="text"/>

### 3 General Information (where applicable)

a Type of premises


b Were the premises unoccupied? Yes  No

If yes, when last occupied?


c Are you the owner of the premises? Yes  No

If no, give name/address of owner


d Are you responsible for repairs? Yes  No

e Is there any other policy in force providing cover for this incident?

Yes  No

If yes, give details to include Insurers name/address and policy number


f What is the total of buildings and/or trade contents/other contents/stock/plant and machinery of or on the premises?

i buildings	ii all contents
<input type="text"/>	<input type="text"/>
iii stock	iv plant and machinery
<input type="text"/>	<input type="text"/>

g Have you ever suffered similar loss/damage?

Yes  No

If yes, give details and whether claim made on Insurers


### 4 Complete for Deterioration of Frozen Food only

a Cause of breakdown of freezer


b When was the freezer purchased/hired?


c Is the freezer currently subject of a Maintenance/Service Agreement?

Yes  No

If yes, name/address of engineers with whom agreement arranged




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