



OCCUPATION

|  |     |    |
|--|-----|----|
| Is the property currently occupied?                | YES | NO |
| If no, when was the property last occupied?        |     |    |
| Is the property currently fully furnished?         | YES | NO |
| If no, when was the property last fully furnished? |     |    |

LOSS DETAILS

Type of loss:  
Date of loss:  
Time of loss:  
Please can you describe how the loss occurred?

DAMAGE

Please provide brief details of any building damage where applicable:



POLICE DETAILS (If applicable)

When was the loss reported to the Police? Date: Time:

Address of police station:

Crime reference number:

Investigating officer if known:

THIRD PARTY

Contact details for any third party responsible for loss/damage:

Name:

Address:

Witness:

Contact Details:

PREVIOUS CLAIMS

Have you made any other claims under any insurance policy (excluding motor) in the last 5 years? YES NO

If yes please provide details:

OTHER INSURANCES

Is there any other cover in force? YES NO

Other insurers name:

Policy No:

Other insurers address:

## HISTORY

Have you had any insurance declined, cancelled, refused, renewal refused or had any special terms applied by any insurer for the risk proposed?      YES      NO

Have you suffered any loss or incurred any liability, whether insured or not, at these premises or elsewhere during the last three years in connection with any of the insurance for which cover is required?      YES      NO

Have you been declared bankrupt or been a director of any company that went into liquidation?      YES      NO

Have you any County Court judgments entered against you?      YES      NO

### Declaration

I/We hereby claim for loss by destruction or damage or injury and declare that all information on this statement of claim, whether amended or not is true to the best of my/our knowledge and belief.

I authorise Claims Aid to make enquires and obtain any information they consider relevant from any appropriate sources.

I have not withheld any information connected with this incident and understand that any misstatement or withholding of information will render my claim void.

I also understand that the issuing of this statement is not an admittance of liability.

Policyholder signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please provide details of your preferred bank for any payment arising from this claim:

|                        |  |
|------------------------|--|
| <b>BANK</b>            |  |
| <b>BRANCH ADDRESS</b>  |  |
| <b>ACCOUNT NAME</b>    |  |
| <b>SWIFT/ BIC CODE</b> | ( 8-12 characters long: bank-country-code) |
| <b>ACCOUNT NUMBER</b>  |  |

Please send signed completed form to:  
Plum Claims, 3<sup>rd</sup> Floor, 90 St Vincent Street, Glasgow, G2 5UB