

# **Property Claim Form**

The Member of the Activities Industry Mutual or the Member's duly authorised representative should complete this form to notify the Mutual of a claim under the relevant section of the Cover Wording.

Please complete all relevant sections as fully as possible and attach additional pages if necessary together with copies of all relevant documents, quotes and invoices.

Please contact us if you have any questions in relation to completion of the form.

The completed Claim Form should be sent to:-

Activities Industry Mutual Ltd First Floor, Douglas House Quarry Hill Road Tonbridge Kent, TN9 2RH

Tel: 01892 888 475 Fax: 01892 891 886 Email:

claims@activitiesindustrymutual.com

A: Details of Member	
Member Name	Member Number
Address	
Secondary Contact (someone to deal with the claim	on your behalf)
I .	



Daytime Telephone Nur	mber	Evening Telephone Number
Email Address		VAT registered?
B. Details of Event		
Date	Time	
Date Discovered	LTime (AM/PM)	
Where did the event or		
There are event of		
Is any Third Party to blaname and address	ame or partly to bla	ame for the loss or damage? If so, please give
Brief description of loss	s or damage (includ	ling cause)
C: Claims for loss by Bu	irglary, Theft or Mal	licious Damage only
Method of Entry		



The extent to which the premises /items were protected from the loss or damage at the time of the occurrence, eg alarm, CCTV, locks or any other security.
Have the Police been notified? If so, please provide station, date and crime reference number if known.

## D: Details of Loss

Please complete for all items being claimed for, attaching additional sheets as necessary

LOSS OF PROPERTY					
Description of property for which loss is claimed	Serial Nos of items	Current Replacem ent cost	Value of salvage (if any)	Date of purchase or acquisiti on	Amount of loss or damage claimed
					£
					£
					£
					£
					£
					£
					£
					£
	1		1 1	Total Amount Claimed	£

#### Section D continued....



## Damage To Property

Description of property and scope of damage	Name of repairer (estiminvoice to be attached)	ate/ Cost or repairs
		£
		£
		£
		£
		£
		£
		£
		£
	Total Amou Claim	

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VAT Invoices for repair or replacement must be submitted.

### **Additional Information**

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and regulated by the Financial Conduct Authority; FRN: 479202.



#### USING PERSONAL INFORMATION

Activities Industry Mutual Ltd may receive personal information about you, if you are an individual, and about other people in the course of dealing with this claim. We may use the information for the purpose of handling and settling the claim and making recoveries from third parties. This may include giving personal information to others including our Managers, underwriters or re-insurers, loss adjusters and lawyers. Please make sure that you only give us sensitive personal information about other people with their agreement. We will deal with all personal information provided to us in compliance with the Data Protection Act 1998. An individual whose personal information we hold has the right to ask for a copy of the information and to have any inaccuracies corrected. We record telephone calls to make sure that we follow instructions correctly and for staff training purposes.

Declaration:	
I, (Please provide full name)	
* Being the Member / On behalf of the Member true and correct to the best of my knowledg Activities Industry Mutual may exercise its d the information.	e and belief and acknowledge that
*Delete as applicable	
Signature	Date

It is a condition of the cover that it may be forfeited and claims rejected if any claim is found to be fraudulent, which includes being deliberately exaggerated, or if any false declaration or statement is made in support of it.