



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)



Daytime Telephone Number

Evening Telephone Number

Email Address

VAT registered?

B. Details of Event

Date

Time

Date Discovered

Time (AM/PM)

Where did the event occur?

Is any Third Party to blame or partly to blame for the loss or damage? If so, please give name and address

Brief description of loss or damage (including cause)

C: Claims for loss by Burglary, Theft or Malicious Damage only

Method of Entry



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, I declare the above information to be true and correct to the best of my knowledge and belief and acknowledge that Activities Industry Mutual may exercise its discretion to grant cover having regard to the information.**

*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.