

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, photographs 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, Hanover Place
8 Church Road, Tunbridge Wells
Kent, TN1 1JP

Email: claims@activitiesindustrymutual.co.uk

MEMBER DETAILS

Member Name	<input style="width: 100%;" type="text"/>		
Member Number	<input style="width: 100%;" type="text"/>		
Contact Name	<input style="width: 100%;" type="text"/>		
Postal Address	<input style="width: 100%; height: 80px;" type="text"/>		
Secondary Contact (someone to deal with the claim on your behalf)	<input style="width: 100%; height: 40px;" type="text"/>		
Telephone No	<input style="width: 100%;" type="text"/>		
Email Address	<input style="width: 100%;" type="text"/>		
Are you VAT Registered	Yes	No	

DETAILS OF EVENT

Date	<input style="width: 100%;" type="text"/>	Time (AM/PM)	<input style="width: 100%;" type="text"/>
Date Discovered	<input style="width: 100%;" type="text"/>	Time (AM/PM)	<input style="width: 100%;" type="text"/>

Where did the event occur?

Is any Third Party to blame, or partly to blame, for the loss or damage?

Yes No

If Yes, please provide name and address

Please provide a brief description of the loss or damage, including the cause

CLAIMS FOR LOSS BY BURGLARY, THEFT OR MALICIOUS 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, e.g. alarm, CCTV, locks or any other security

DETAILS OF LOSS

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

LOSS OF PROPERTY

Description of Property Lost/Damaged Including Serial Nos	Date Acquired	Value of Salvage (if any)	Current Replacement Cost	Amount Claimed

Total Amount Claimed

DAMAGE TO PROPERTY (VAT invoices for repair or replacement must be submitted)

Description of property and scope of damage	Name of Repairer	Cost of Repairs

Total Amount Claimed

ADDITIONAL INFORMATION

USING PERSONAL INFORMATION

We collect personal information when we provide a quote, arrange or renew cover and also when a claim or complaint is made. We may collect and use information we obtain from other people, businesses and organisations. We will only keep personal information for as long as we need to use it. You can see how we use personal information, and the legal rights of people whose personal information we hold, in the privacy notice on our website <http://www.activitiesindustry mutual.co.uk/privacy-notice/>. If you would like us to send you a copy of our privacy notice please ask us.

IMPORTANT INFORMATION

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.

DECLARATION

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.

Signed

Name

Date