

Third party insurance claim

Third party insurance claim – general

***All sections to be completed by claimant**

- 1 Your name: _____
Your address: _____

Post code: _____
Your telephone no: _____
Your occupation: _____
Date of birth (if injured): _____

- 2 On what date did the incident occur? _____
At what time did the incident occur? _____
Name and address of any witness to the incident:

- 3 Explain fully how the incident occurred:

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4 Damage to your belongings:

Item*	Age**	Cost new	Present value

* Please do not dispose of damaged goods prior to site visit of claims inspector, otherwise this may affect the validity of claim.

** If two years old or less – proof of purchase is required.

5 Injured persons (if applicable): - State full details of injury and cause and details of your GP

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6 If contents stolen

Crime reference no: _____

Name of Police Officer and no: _____

Date the theft was reported to Police: _____

To be completed by claimant

7 Give your reasons why you consider Bolton at Home have been negligent:

8 Do you have your own contents insurance? If so please provide details.

Signed: _____

Date: _____