

Caravan Claim Form



9 Geneva Street, Peterborough PE1 2RW Telephone 01733 314 646 Fax 01733 866 650

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1 YOU THE POLICYHOLDER

PLEASE USE BLOCK CAPITALS

Name of Insured	<input type="text"/>			
Address	<input type="text"/>			
Town	<input type="text"/>		County	<input type="text"/>
Post Code	<input type="text"/>	Date Premium Paid	<input type="text"/>	
Occupation	<input type="text"/>		Telephone No	<input type="text"/>
Policy No	<input type="text"/>	Value Added Tax. Are you a registered person or company? <input type="text"/>		

2 CARAVAN DETAILS

a	Make and model of caravan	<input type="text"/>	Year of manufacture	<input type="text"/>
b	From where/who was the caravan purchased?	<input type="text"/>	Date purchased	<input type="text"/>
	Name/address of retailer or previous owner <input type="text"/>			
c	Value of caravan/equipment	<input type="text"/>	Value of personal effects/luggage	<input type="text"/>
d	Is the caravan subject of hire purchase?	YES/NO	<input type="checkbox"/>	<input type="text"/>
e	Is the caravan on a fixed site?	YES/NO	<input type="checkbox"/>	<input type="text"/>
f	For what purpose was the caravan being used at the time of the damage/loss? <input type="text"/>			

3 CIRCUMSTANCES OF THE CLAIM

a	Date	<input type="text"/>	Time	<input type="text"/>	a.m./p.m.
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COMPLETE ONLY APPROPRIATE SECTION (b) Accidental Damage (c) Theft (d) Fire (e) All other causes

b ACCIDENTAL DAMAGE Please give full details of how the accident occurred

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Sketch Plan of Accident

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

i	Was the caravan being towed by a motor vehicle?	YES/NO	<input type="checkbox"/>	If YES state name/address of driver of vehicle <input type="text"/>
ii	Was the caravan loaned/hired to the driver of the vehicle?			
iii	Where can the caravan be inspected?			
iv	Names/address of witnesses (if any)			

Other Vehicles involved

Name and Address of Owner	Name and Address of Driver (if different)	Reg. Letters and No.	Insurance Company and Policy No.

c Theft

- i Where was the caravan when the theft was committed?
- ii What safeguards were taken to prevent theft?
- iii Brief details of entry including how protections forced (if known)
- iv Address of Police stations at which theft reported
- v Date of Report Police Crime Reference No
- vi Name/address of person(s) in possession of or staying in the caravan at the time of the theft

d Fire

- i Where was the caravan when the fire occurred?
- ii Cause of fire?
- iii Address of Fire Brigade in attendance

e Other Causes

Full details of cause of loss/damage

List below items of personal effects/equipment loss/damaged

Description	Extent of Damage	Owner of Article	From Whom Purchased	Date of Purchase	Cost	Amount Claimed

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. Further the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/we understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

INSURERS AND THEIR AGENTS SHARE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS AND TO DECIDE WHETHER TO ACCEPT YOUR PROPOSAL AND, IF SO, ON WHAT TERMS VIA THE CLAIMS AND UNDERWRITING EXCHANGE REGISTER, OPERATED BY INSURANCE DATABASE SERVICES LTD. A LIST OF PARTICIPANTS IS AVAILABLE ON REQUEST. THE INFORMATION YOU SUPPLY ON THIS FORM, TOGETHER WITH THE INFORMATION YOU HAVE SUPPLIED ON YOUR APPLICATION FORM AND OTHER INFORMATION RELATING TO THE CLAIM, WILL BE PROVIDED TO PARTICIPANTS.

Date Insured's Signature

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Tradesman's estimate will be required.