

# TRADEX

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First Response Claims Line 020 7001 9229 • Fax 020 7068 7755 • Email [claims@tradex.com](mailto:claims@tradex.com) • [www.tradex.com](http://www.tradex.com)

## MATERIAL DAMAGE CLAIM FORM

Policyholder's Name

Policy No: (cover note if applicable)

Broker / Agent: (if applicable)

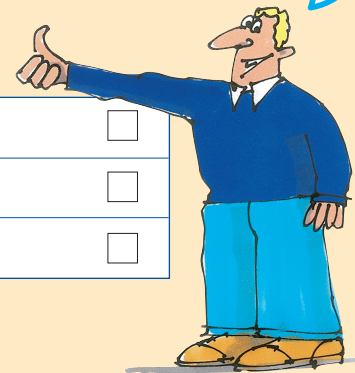
Please ensure  
you complete all  
details here

Cover Applicable

Comprehensive

Third Party Fire & Theft

Third Party only



### IMPORTANT

We wish to process your claim as quickly as possible. Therefore please ensure all questions are fully answered and all required documents are enclosed. If in doubt telephone our First Response Claims line.

### PLEASE NOTE

Copies of both the policyholder's and driver's licences must accompany this form. Failure to do so will delay the claim.

Tradex (Underwriting Agencies) plc act as claims settling agents for Tradex Insurance Company Limited and other co-insurers which subscribe to the Tradex Brand Products. Tradex (Underwriting Agencies) plc is the management company for Tradex Insurance Company Limited who is regulated by the FSA and a member of GISC.

# MATERIAL DAMAGE CLAIM FORM

WARNING: It is a criminal offence to fraudulently present or exaggerate a claim. All questions must be answered and the claims form signed and your signature witnessed.

## 1 POLICYHOLDER

Claim No.  Policy No.

Name of Insured

Address   
 Post Code

Occupation/Business

Home Telephone  Business Telephone  Fax

Email  Mobile

Name of any other associated company current or previous

Address where incident occurred (if different from above)

Address   
 Post Code

Date of Loss or Damage  Time  am/pm

How did loss or damage occur

Were premises unoccupied at time of loss YES  NO  If YES, date when last occupied

Is the property covered by any other Policy YES  NO  If YES, give details

Is the property alarmed YES  NO  If YES, give make of alarm

Is there a maintenance agreement in force YES  NO  If YES, give name of contractor

Are you the sole owner of Lost, Damaged or Destroyed property YES  NO  If NO, give details

If tenanted property, are you responsible for repair of damage under the terms of the Tenancy Agreement YES  NO

Are you registered for VAT YES  NO  VAT STATUS Full / Partial recovery VAT Number

Do you have any CCJ or other Convictions YES  NO  If YES, give details

## 2 PREVIOUS LOSSES

Have you had any previous losses YES  NO  If YES, give details

**3 PLEASE COMPLETE THIS SECTION if claim is for theft, loss or malicious damage**

Name of person who discovered the incident

Date property was last seen

Time

 am/pm

Date the Police were notified

Time

 am/pm

Address of Police Station

Crime Ref No

Have any other steps been taken to recover the property

**4 PLEASE COMPLETE THIS SECTION for personal injury or damage to property of others**

Full name of person concerned

Address

Post Code

Details of injury/damage

How caused

PLEASE COMPLETE AND SIGN DECLARATION OVERLEAF

## 5 DETAILS OF CLAIM

Description of Property Lost, Destroyed or Damaged	When purchased and type of payment (Access, Visa, Cash etc)	Cost Price	Estimated Cost of Repair or Replacement if repair not possible	Allowance for Depreciation (wear and tear) if applicable	Net Amount of Claim

## SETTLEMENT OF TOTAL LOSS CLAIMS

In the event of a total loss we will appoint an independent assessor to investigate the loss. When settlement has been agreed we shall pay the amount(s) due less any policy excesses or premiums outstanding direct to your bank account. Please give your bank details below:

Name of Bank  Branch  Sort Code   
Account Number  Account Name   
If the account is NOT in the name of the Policyholder, please state relationship between Policyholder and account holder to be credited

## DECLARATION (Please read before signing)

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We hold no other policy in addition to this one indemnifying me in respect of this claim. I/We have not withheld from the Insurers any information within my knowledge connected with the loss and I/we agree to provide the Insurers with any further information or documentation as may be required. I/We understand that any attempt to make a fraudulent accident claim will result in prosecution.

SIGNATURE OF POLICY HOLDER  DATE

If this form has been compiled by another party on behalf of the Policyholder, will the compiler please complete the section below.

Name  Occupation   
Address   
 Post Code

## DOCUMENTS REQUIRED

- 1 This Claim Form
- 2 Repair estimates (two competitive estimates if possible)
- In addition for total loss claim**
- 3 Documents to establish ownership/lease
- 4 Any documents to establish value of claim
- 5 Photograph(s) if available