CAMPUS STUDENT POSSESSIONS INSURANCE CLAIM FORM

POLICY DETAILS

POLICY NUMBER	
UNIVERSITY / COLLEGE	

POLICYHOLDER DETAILS

FIRST NAME(S)		SURNAME	
DATE OF BIRTH		EMAIL	
TELEPHONE 1		TELEPHONE 2	

INSURED ADDRESS (TERM TIME ADDRESS)		**HOME ADDRESS** (IF DIFFERENT)	
ADDRESS LINE 1		ADDRESS LINE 1	
ADDRESS LINE 2		ADDRESS LINE 2	
ADDRESS LINE 3		ADDRESS LINE 3	
CITY / TOWN		CITY / TOWN	
POSTCODE		POSTCODE	

DETAILS OF CLAIM

WHERE DID THE INCIDENT OCCUR?		DATE / TIME	
WHO DISCOVERED THE INCIDENT?		DATE / TIME	

WHERE WERE YOU AT THE TIME OF THE INCIDENT?			
WERE THE PREMISES OCCUPIED AT THE TIME OF THE INCIDENT?	YES / NO	IF YES, BY WHO?	
IF NO, WHEN WERE THE PREMISES LAST OCCUPIED?			
WHO LAST OCCUPIED THE PREMISES?			
IF YOU ARE CLAIMING FOR THEFT FROM A BUILDING, HOW AND WHERE WAS ENTRY GAINED?			
WHERE THE PREMISES DAMAGED BY ENTRY OR EXIT? IF SO, PLEASE PROVIDE DETAILS			
DO YOU HAVE ANY OTHER INSURANCE COVERING THE LOSS? IF YES, PLEASE PROVIDE FURTHER DETAILS	YES / NO	NAME OF INSURER NAME AND POLICY NUMBER	
IS THE INSURED ADDRESS OCCUPIED SOLELY BY YOU?	YES / NO	IF NO, PLEASE PROVIDE FURTHER DETAILS BELOW	

NAME(S) OF OTHER RESIDENT(S)	DID THEY SUFFER A LOSS?	AMOUNT	ARE THEY INSURED SEPARATELY?	IF YES, PLEASE PROVIDE THE INSURER NAME
	YES / NO	€		
	YES / NO	€		
	YES / NO	€		
	YES / NO	€		
	YES / NO	€		
	YES / NO	€		

DETAILS OF INCIDENT

PLEASE PROVIDE FULL DETAILS OF THE CIRCUMSTANCES LEADING UP TO AND SURROUNDING THE INCIDENT, AND ITS DISCOVERY

DETAILS OF GARDAI SECURITY REPORT

BEFORE SUBMITTING THIS FORM, PLEASE ENSURE THAT ALL THEFT OR MALICIOUS DAMAGE CLAIMS ARE REPORTED TO THE GARDAI.

WAS THE INCIDENT REPORTED TO THE GARDAI?	YES / NO	DATE / TIME	
HOW WAS THE REPORT MADE?	VISIT / TELEPHONE / OTHER	WAS THE REPORT MADE AS	THEFT / ACCIDENTAL LOSS / MALICIOUS DAMAGE
ADDRESS & TELEPHONE OF GARDAI STATION			
GARDAI CRIME REFERENCE NUMBER			

DETAILS OF ITEMS LOST, STOLEN OR DAMAGED

DESCRIPTION OF ITEMS	MAKE, MODEL & SERIAL NUMBER	DATE OF ACUISITION	FROM WHERE OR WHOM OBTAINED	ORIGINAL COST PRICE	CURRENT COST PRICE
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€
			TOTAL AMOUNT CLAIMED	€	€

CLAIMANT DECLARATION

• HAVE YOU EVER BEEN CONVICTED OR DO YOU HAVE A CONVICTION PENDING FOR FRAUD, THEFT OR OTHER DISHONESTY?	YES / NO

- I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- I UNDERSTAND THAT ANY MISSTATEMENTS OR WITHOLDING OF INFORMATION WILL RENDER MY CLAIM VOID AND MAY LEAD TO CRIMINAL PROCEEDINGS AGAINST ME.
- I HAVE NOT WITHELD ANY INFORMATION CONNECTED WITH THIS INCIDENT AND AGREE TO PROVIDE ANY FURTHER INFORMATION OR DOCUMENTATION AS MAY BE REQUIRED.
- I AGREE THAT THE INSURER SHALL HAVE ABSOLUTE DISCRETION IN THE CONDUCT OF ANY PROCEEDINGS OR SETTLEMENTS OF ANY CLAIMS AGAINST ME ARISING OUT OF THIS INCIDENT.
- I UNDERSTAND THAT THE INSURER DOES NOT ADMIT ANY LIABILITY BY THE ISSUE OF THIS FORM

SIGNED BY THE INSURED		**DATE**	
SIGNED BY THE CLAIMANT (IF DIFFERENT)		**DATE**	

WHAT TO DO NEXT

IMPORTANT: PLEASE ENSURE THAT YOU INCLUDE ANY PROOF OF PURCHASE / OWNERSHIP DOCUMENTATION (SUCH AS PURCHASE RECEIPTS, GUARANTEE CERTIFICATES), FOR ANY ITEMS VALUED IN EXCESS OF €250 (WHERE AT ALL POSSIBLE).

IF YOU ARE UNABLE TO PROVIDE THE REQUESTED DOCUMENTATION, PLEASE EXPLAIN FURTHER IN WRITING (ON A SEPARATE SHEET).

THE SIGNED, COMPLETED CLAIM FORM AND ATTACHMENTS SHOULD THEN BE RETURNED TO OUR CLAIMS TEAM AT THE FOLLOWING ADDRESS.

CAMPUS STUDENT POSSESSIONS CLAIMS
ROYAL & SUNALLIANCE, HC1 CLAIMS,
50 DAWSON STREET, DUBLIN 2

CLAIMS HELPLINE: 01 6363005

EMAIL: campusclaims@cover4students.ie