



SAXON CLAIM FORM

(For Student Shield, Student Shield Plus & Tenant Shield policies)

DETAILS OF POLICE REPORT

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

WAS THE INCIDENT REPORTED TO THE POLICE?	YES / NO	DATE / TIME	
HOW WERE THE POLICE INFORMED?	VISIT / TELEPHONE / OTHER	WAS THE INCIDENT REPORTED AS:	THEFT / ACCIDENTAL LOSS / MALICIOUS DAMAGE
POLICE STATION ADDRESS & TELEPHONE NUMBER			
POLICE CRIME REFERENCE NUMBER			

DETAILS OF ITEMS LOST, STOLEN OR DAMAGED

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

CLAIMANT DECLARATION

<ul style="list-style-type: none"> HAVE YOU EVER BEEN CONVICTED, OR DO YOU HAVE A CONVICTION PENDING, FOR FRAUD, THEFT OR OTHER DISHONESTY? 	YES / NO
<ul style="list-style-type: none"> I AM THE SOLE OWNER OF ALL THE PROPERTY CLAIMED. IF NO, PLEASE EXPLAIN FURTHER IN WRITING (ON A SEPARATE SHEET). 	YES / NO
<ul style="list-style-type: none"> I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT WITHHELD ANY INFORMATION CONNECTED WITH THIS INCIDENT AND AGREE TO PROVIDE ANY FURTHER INFORMATION OR DOCUMENTATION AS MAY BE REQUIRED. I UNDERSTAND THAT ANY MISSTATEMENTS OR WITHOLDING OF INFORMATION MAY RENDER MY CLAIM VOID AND MAY LEAD TO PROSECUTION. 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 £150 (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:

<p>SAXON CLAIMS SERVICE, DIRECT GROUP PROPERTY SERVICES LTD, PO BOX 800, HALIFAX, HX1 9ET</p>	<p>CLAIMS HELPLINE: 0844 826 2045 EMAIL: claims@saxoninsurance.com</p>
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