

# SAXON CLAIM FORM

(For Student Shield, Student Shield Plus & Tenant Shield policies taken out after 19/08/2013)

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SAXON POLICY NUMBER:  HAVE YOU PURCHASED ANY OPTIONAL EXTENSIONS TO			PECIFY		
POLICYHOLDER DETAILS FIRST NAME(S)					
		EMAIL			
		TELEPHONE 2			
ADDRESS)		HOME ADDRES	SS (IF D	FFERENT)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ADDRESS LINE 1	(	,	
		ADDRESS LINE 2			
		CITY / TOWN			
		POSTCODE			
		DATE / TIME			
		DATE / TIME			
THE INCIDENT?					
	YES / NO	IF YES, BY WHO?			
ED?					
ILS					
	YES / NO	INSURER NAME AN POLICY NUMBER	ND		
ED SOLELY BY	YES / NO	IF NO, F	PLEASE PI	ROVIDE FURTHER	DETAILS BELOW
DID THEY SU	FFER A LOSS?	TOTAL LOSS			IF YES, PLEASE PROVIDE THE INSURER NAME
YES	/ No	£			
YES	/ No	£			
YES	/ No	£			
YES	/ No	£			
YES	/ No	£			
YES / NO		t			
	YES YES YES	THE INCIDENT? THE TIME OF  YES / NO  LAST OCCUPIED? S? ROM A BUILDING, ED? Y ENTRY OR ILS CE COVERING FURTHER  YES / NO	SURNAME EMAIL TELEPHONE 2  HOME ADDRES ADDRESS LINE 1 ADDRESS LINE 2 CITY / TOWN POSTCODE  DATE / TIME  DATE / TIME  THE INCIDENT? THE TIME OF YES / NO IF YES, BY WHO? LAST OCCUPIED? S? ROM A BUILDING, ED? YENTRY OR ILS CE COVERING FURTHER YES / NO INSURER NAME AN POLICY NUMBER  ED SOLELY BY YES / NO IF NO, F  DID THEY SUFFER A LOSS? YES / NO YES / NO £ YES / NO £ YES / NO £	SURNAME EMAIL TELEPHONE 2  HOME ADDRESS (IF DI ADDRESS LINE 1 ADDRESS LINE 2 CITY / TOWN POSTCODE  DATE / TIME DATE / TIME THE INCIDENT? THE TIME OF YES / NO IF YES, BY WHO?  LAST OCCUPIED? S? ROM A BUILDING, ED? YENTRY OR ILS CE COVERING FURTHER POLICY NUMBER  DID THEY SUFFER A LOSS? YES / NO YES /	SURNAME EMAIL TELEPHONE 2  HOME ADDRESS (IF DIFFERENT) ADDRESS LINE 1 ADDRESS LINE 2 CITY / TOWN POSTCODE  DATE / TIME  DATE / TIME  THE INCIDENT? THE TIME OF YES / NO IF YES, BY WHO?  LAST OCCUPIED? S? ROM A BUILDING, ED? Y ENTRY OR ILS CE COVERING FURTHER  DID THEY SUFFER A LOSS? YES / NO



## 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 T	HE POLICE?	YES / NO	DATE / TIME	
How were the Police Informed?	VISIT / TELEP	HONE / OTHER	WAS THE INCIDENT REPORTED AS:	THEFT / ACCIDENTAL LOSS / MALICIOUS DAMAGE
POLICE STATION ADDRESS & TELEPH	HONE NUMBER			
POLICE CRIME REFERENCE NUMBER				

## **DETAILS OF ITEMS LOST, STOLEN OR DAMAGED**

DESCRIPTION OF ITEMS	MAKE, MODEL & SERIAL NUMBER	DATE AQUIRED	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 AM THE SOLE OWNER OF ALL THE PROPERTY CLAIMED. IF NO, PLEASE EXPLAIN FURTHER IN WRITING (ON A SEPARATE SHEET).	YES / NO

- I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- I HAVE NOT WITHELD 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:

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