

Claim Form

PERSONAL PROPERTY LOSS AND DAMAGE CLAIMS

GUIDANCE NOTES

The following notes have been prepared to help you to submit your claim. We recommend that you read them carefully BEFORE filling in your form and - unless you have already discussed the matter with us - BEFORE taking steps to have any repair work done or damaged property replaced.

IF DAMAGE OR LOSS OCCURS

Check your policy to make sure that the loss or damage is covered - remember that the loss or damage must be caused by an insured event, which you will find clearly listed in your Policy Wording (e.g. Fire, Theft, Escape of Water, etc.). Read carefully all Exclusions or Conditions that may apply.

If you are in doubt as to what is covered and what is not covered, contact Ross Gower Claims department.

Please complete all sections of the claim form which apply to your claim - a fully answered form will enable us to deal with your claim much more quickly.

Where loss or damage is serious, please telephone the Ross Gower claims department for immediate advice.

Any urgent repairs (e.g. work necessary to protect the property and/or to prevent further damage) may be put in hand immediately, but we will want to see invoices.

Where repairs are not necessary immediately you should obtain at least two estimates wherever possible and send them to us.

Do not delay sending in the claim form until you get the estimates - tell us in Section 4 of this form that they are being obtained.

When property has been stolen, maliciously damaged or lost outside the home you must report the matter to the Police immediately.

> You must not dispose of damaged items before we have had the opportunity to inspect them.

IMPORTANT NOTE

The amount you are entitled to claim will depend on the type of policy you have. Many policies now pay for the full replacement of property lost or damaged beyond economic repair, others pay only for the repair or replacement cost after a deduction has been made for wear and tear - in other words, the age and condition of the property is taken into account.

Ross Gower Group Ltd PO Box 2 Insco House Rohais St Peter Port Guernsey GY1 3AA

Tel: 01481 722222 claims@rossgower.com



Personal Property Claim Form

PLEASE COMPLETE ALL QUESTIONS FULLY TO AVOID ANY DELAY IN HANDLING YOUR CLAIM Please submit this claim form and estimates before authorising repairs. To assist you in completing this form and preparing your claim, please read the notes attached. PLEASE COMPLETE IN BLOCK CAPITALS IF YOU ARE COMPLETING THIS FORM BY HAND



Email to claims@rossgower.com or post to address on front page

Your Policy No.

1. General details

Your name(s) (Mr/Mrs/Miss/Ms/Title)

| Postal Address | |
|--|---|
| | |
| | |
| | |
| Post Code Telephone No. (DAYTIME) | |
| Occupation/Precise Nature of Business | |
| | |
| L State any Building Society, Bank or other financial institution that is p | providing you with a mortgage or loan on your property. |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| Risk address (if different from above) | |
| | |
| | Part Cada |
| | Post Code |
| Is the risk address a house, bungalow or flat? Please state | No. of bedrooms |
| Is your home regularly left unoccupied? Yes 🗌 No 🗌 | |
| If 'YES' please give details of occupancy, e.g. Is your home regularly und | attended due to all adult residents being at work? |
| | |
| | |
| If premises are unoccupied, please state date and time they were last | coccupied |
| | |
| Is the property lent, let or sublet? | Yes 🗌 No 🗌 |
| Is the property protected by a burglar alarm? | Yes 🗌 No 🗌 |
| Is 'YES' did the alarm operate? | Yes No |
| Have you suffered any other losses during the past 5 years? | Yes 🗌 No 🗌 |
| If 'YES' please give details | |
| | |
| | |

2. Details of when, where and how loss/damage happened

| Date of loss/damage | | Time (if known) | | am / pm |
|---|------------------------------|-----------------------|-----------------------|-------------------------|
| Where did loss/damag | e happen? | | | - |
| | | | | |
| How did loss/damage | happen? | | | |
| - | (if theft from a building, g | give details of how e | ntry was gained) | |
| | | | | |
| | | | | |
| If caused by someone | who is not a member of y | our household, e.g. | a tradesman, give nam | e and address |
| | | | | |
| | | | | |
| | | | | |
| Post Code | | Telephone No. | | |
| ALL LOSSES OF VALUA REPORTED TO THE PO | | HEFT BURGLARY, H | OUSE BREAKING OR M | ALICIOUS DAMAGE MUST BE |
| Were the police notifie | d? Yes 🗌 No 🗌 | | | |
| When and at what Poli | ce Staion was report mac | de? | | |
| Date/ Time | Station | | | Lost Property No. |
| | | | | |
| Other insu | rance - Com | plete for a | all claims | |
| | | | | |

If the property for which you are claiming is also insured under any other policy, give details e.g Travel Insurance

| Name of company | | |
|-----------------|-----------|--|
| Address | | |
| | Post Code | |
| Policy No. | | |

4. Building damage - Details of claim

3.

| Estimated ful cost of repair £ | (If you have obtained estimates |
|---|--|
| Actual cost (if any work done) £ | or accounts, please attach and send with the completed form. |
| How much are you claiming? £ | |
| NB If you are still awaiting estimates or accounts don't dela | y in sending us the form. |
| Tick box if estimate(s) are being obtained and are to be sent lat | er Yes 🗌 No 🗌 |
| If you are NOT the owner of the building state name and addre | ss of owner (other than mortgage) |
| | |
| | |
| Post Code Telephone No. | |
| Why do you have to pay for repair? e.g. terms of your lease | |
| | |
| | |
| | |

5. Contents or valuables claim - Details of claim

Please complete ALL columns - we will deal with your claim in accordance with the cover given by your policy. Two estimates are required for claims over £250.

| Description of item Please indicate owner of item if other than insured | Age of item | Price paid | ls the item to be replaced | Estimated cost of repair | Replacement cost (if not repairable) |
|---|-------------|------------|-------------------------------|-----------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I/We declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned.

insurance Database Services Limited:

Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the 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.

Signature of insured

Date

Ross-Gower Group Limited, PO Box 2, Insco House, Rohais, St Peter Port, Guernsey GY1 3AA Tel: 01481 722222 Fax: 01481 711861 Email: claims@rossgower.com

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