

General Claim Form



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NIG is the trading name of The National Insurance and Guarantee Corporation Ltd
Registered office: As above Registered in England and Wales number 42133

1 YOU THE POLICYHOLDER

PLEASE USE BLOCK CAPITALS

Name of Insured	<input type="text"/>			
Address	<input type="text"/>			
Town	<input type="text"/>		County	<input type="text"/>
Post Code	<input type="text"/>	Date Premium Paid	<input type="text"/>	
Please state the maximum number of bedrooms (include all rooms designated as bedrooms even if not used as such)				
<input type="text"/>				
Business/Occupation	<input type="text"/>	Telephone No	<input type="text"/>	
Policy No	<input type="text"/>	Value Added Tax. Are you a registered person or company?	<input type="text"/>	

2 CIRCUMSTANCES OF THE CLAIM

a	Date	<input type="text"/>	Time	<input type="text"/>	a.m./p.m.
b	Where did the loss/damage occur? <input type="text"/>				
c	Describe fully how loss/damage occurred. <input type="text"/>				
d	Were the police notified?	YES/NO ▶ <input type="checkbox"/>	If YES address of station <input type="text"/>		
e	Date of notification to police	<input type="text"/>	Police Crime Reference No	<input type="text"/>	
f	Were the fire brigade called?	YES/NO ▶ <input type="checkbox"/>	If YES address of station <input type="text"/>		
g	Was any person(s) responsible for loss/damage?	YES/NO ▶ <input type="checkbox"/>	If YES say why <input type="text"/>		
h	Name and address of person(s) responsible <input type="text"/>				
i	If they are Insured against causing this incident state Insurers name, address and policy number <input type="text"/>				

3 GENERAL INFORMATION (WHERE APPLICABLE)

a	Type of premises <input type="text"/>				
b	Were the premises unoccupied?	YES/NO ▶ <input type="checkbox"/>	If YES when last occupied <input type="text"/>		
c	Are you the owner of the premises?	YES/NO ▶ <input type="checkbox"/>	If tenant give name/address of owner <input type="text"/>		
d	Are you responsible for repairs?				YES/NO ▶ <input type="checkbox"/>
e	Is there any other policy in force providing cover for this incident?	YES/NO ▶ <input type="checkbox"/>	If YES give details to include Insurers name/address and policy number <input type="text"/>		
f	What is the total value of buildings and/or household/trade contents of the premises?				
	i buildings	<input type="text"/>	ii household/trade contents	<input type="text"/>	
g	Have you ever suffered similar loss/damage?	YES/NO ▶ <input type="checkbox"/>	If YES give details and whether claim made on Insurers <input type="text"/>		

4 COMPLETE FOR DETERIORATION OF FROZEN FOOD ONLY

a	Cause of breakdown of freezer <input type="text"/>				
b	When was the freezer purchased/hired <input type="text"/>				
c	Is the freezer currently subject of a Maintenance/Service Agreement?				YES/NO ▶ <input type="checkbox"/>
	If YES Name/address of engineers with whom agreement arranged <input type="text"/>				

