



## PROPERTY DAMAGE CLAIM FORM

THIS FORM MUST BE FULLY COMPLETED BY DEPARTMENTS / ESTABLISHMENTS IMMEDIATELY AFTER AN INCIDENT, AND FORWARDED TO THE INSURANCE SECTION WITHIN THE RELEVANT TIME SCALES. PLEASE USE CAPITAL LETTERS, AND COMPLETE ALL RELEVANT SECTIONS.

### INSURED PROPERTY (address where loss occurred)

Property Name: _____	
Property Address: _____	
_____	Postcode: _____
Directorate & Department: _____	
Contact Person: _____	Position: _____
Tel No. _____	Fax No. _____

### DETAILS OF LOSS

When did the loss occur?	Date: _____	Time: _____ am / pm
For what purposes were the premises used at the time of the loss?: _____		
What was the cause & circumstances of the loss?: _____		
_____		
_____		
_____		
_____		
When was the loss / damage discovered?	Date: _____	Time: _____ am / pm
Who discovered the loss / damage? _____		

## DETAILS OF LOSS CONTINUED

Were the premises occupied at the time? YES / NO If No, when were they last occupied? \_\_\_\_\_

Are the premises fully furnished for occupation? YES / NO

Is the property damaged owned by Lambeth? YES / NO

If NO, please give details of property owners: \_\_\_\_\_

Is there any reason to suspect that the loss/damage arose through the actions of any particular person? YES/NO

If Yes please provide Name: \_\_\_\_\_

Address: \_\_\_\_\_

Details \_\_\_\_\_

If a vehicle was involved in damage to the property please provide vehicle registration: \_\_\_\_\_

Insurers of vehicle & policy No. (if known): \_\_\_\_\_

## CONTENTS

Please give details of all damaged items

Description of article	When & where purchased	Serial No.	Item Value
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