



**TOWER**  
Insurance

**BURGLARY, THEFT  
OR MALICIOUS LOSS  
CLAIM FORM**

CLAIM / CUSTOMER REF.

OFFICE

THIS FORM MUST BE RETURNED DIRECTLY TO US IMMEDIATELY WITH ALL QUESTIONS ANSWERED.

# IMPORTANT

*Please read before completing this form.*

Many of the fraudulent claims we receive are made as Burglary claims.

This usually has the result of increasing premiums and raising excesses. Rather than penalising you – our honest and loyal clients whose support we value – we'd prefer to ask your help in filling out this form.

Particularly we would point out that where items within a claim are proven to be inflated, the total claim will be declined.

We will be carefully monitoring all claim information with the aim of paying genuine claims quickly, stopping expensive fraudulent claims and keeping your premiums down.

*Thank you for your co-operation.*

INSURED'S  
FULL NAME(S)  
Mr/Mrs/Miss/Ms



DATE(S) OF BIRTH



TELEPHONE

DAY

NIGHT

POSTAL ADDRESS

POST CODE



INTERESTED  
PARTY  
(BANK, FINANCE  
COMPANY ETC.)



POSTAL ADDRESS

POST CODE

**WHAT HAPPENED?**

Day and Date of loss ...../...../..... Between the hours (approx.) of ..... a.m. and ..... a.m.  
Day and Date loss was discovered ...../...../..... Time ..... a.m. p.m.  
Details of how the loss occurred..... p.m.

Where were you at the time of loss? ..... (if insufficient space attach sheet)

Place where loss occurred.....

**DETAILS OF ENTRY**

Please  appropriate box

How was entry gained? .....

Was the situation alarmed?  YES  NO Was alarm set?  YES  NO

Was anybody home at the time of the loss?  YES  NO If NO, when were the premises last occupied and by whom?

Name ..... Time ..... Day ..... Date .....

Were any persons other than you or your immediate family living with you at the time of the loss?  YES  NO

If YES, please give details.....

**POLICE DETAILS**

Please read this carefully

Did the Police attend the scene?  YES  NO If NO, have the Police been notified of the loss?  YES  NO

If YES, which Police Station was the loss reported to? .....

On which date?.....

Have the Police recovered any property  YES  NO

If YES, please give details.....

**N.B. Please attach the Police Form in all cases of theft or loss.**

Has the loss been advertised in any newspapers?  YES  NO

If YES: Paper..... Date.....

Other action taken to recover property.....

**PREVIOUS CLAIMS DETAILS**

Have you ever had previous burglaries or thefts from these premises?  YES  NO

If YES give full particulars.....

Have you ever made a claim on any insurer for any of the above mentioned incidents?  YES  NO

If YES give full particulars (if necessary continue on a separate sheet).....

Company ..... Date ...../...../..... Amount .....

Company ..... Date ...../...../..... Amount .....

Has any other burglary, theft, loss, damage or liability arisen anywhere else in connection with your contents in the last 5 years?  YES  NO

If YES give full particulars and if necessary continue on a separate sheet.....

Company ..... Date ...../...../..... Amount .....

Company ..... Date ...../...../..... Amount .....

**GENERAL**

In the last 5 years have you - had any insurance declined or cancelled?  YES  NO

- been charged with or convicted of any criminal offence (other than parking)?  YES  NO

If YES, full details please.....

**PROPERTY LOSS INVENTORY**

**IMPORTANT:** Please attach receipts, valuations, invoices or other documents to support ownership, value, purchase or repair.

Full description of Property (including Serial No. and/or identifying marks)	Year Obtained	Was the item new or second-hand when obtained? If second-hand state age when obtained.	From whom purchased or acquired? (Name and Address)	Original Purchase Price	Present Purchase Price or Repair cost if damaged	Depreciation	Amount Claimed	FOR OFFICE USE ONLY
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Are you the sole owner of the property being claimed for? Yes  No

If NO, please give details of owner. Name .....

Address .....

Applies to Item Nos. ....

**WARNING:** *Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.*

**Continue on separate sheet if necessary.**

**SECURITY DETAILS**

*Are there any of these security devices at the place where the loss occurred?*

Please  appropriate box

Keyed window locks on all accessible windows       Double keyed deadlocks on all perimeter doors

Alarm installed by occupant       If alarmed did it go off at the time of loss?     YES     NO

Alarm professionally installed       Type of Alarm.....

Indicate below what steps you have taken (if any) to prevent similar losses in the future

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.....

.....

# DECLARATION

Please read this carefully before signing.

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:

- All the statements in this claim form and any additional schedules are correct.
- The property is correctly described in this form and was lost, stolen or damaged under the circumstances described overleaf.
- I/We have told Tower Insurance everything relevant to this claim.

Please Tick	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I/We understand that:

- Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- The personal information provided in this claim form is being collected by Tower Insurance to enable it to evaluate my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Tower Insurance may be entitled to decline the claim whether or not it is later corrected.
- If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Tower Insurance immediately and return the property to Tower Insurance or will refund to Tower Insurance the value of the recovered items.

I/We authorise Tower Insurance to obtain personal information about me/us from any other party.

I/We authorise Tower Insurance to obtain if required a copy of the police report from the Police relating to this claim.

Exceptions to this Declaration:

.....

.....

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.....

.....

Insured's Signature.....

Witness Signature .....

Date ...../ ...../ .....

Date ...../ ...../ .....

Insured's Signature.....

Witness Signature .....

Date ...../ ...../ .....

Date ...../ ...../ .....