

Verlingue Group Personal Property Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: newclaims@verlingue.com, or by telephone: 0333 010 0013

Section A

Name of policyholder	
Address	
Telephone number	
Date of birth	
Are you VAT registered?	

Section B

Date of incident	
Time of incident	
Date of discovery	
Time of discovery	
Is your home fully furnished for habitation?	
Is it used solely as a private dwelling?	
State fully how the accident occurred:	
If the incident was a theft, please provide the name of the police station this was reported to:	
Crime reference no:	
Was an intruder alarm system in operation at the time?	
If No, please confirm the name and address of the person causing this damage	
Does anyone residing with you have any criminal convictions or any pending? If Yes, provide details:	

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Please provide details of the property lost/damaged

If the item(s) is/are repairable, have you instructed repairs?

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Section D

Declaration

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief.

I/we agree to provide insurers with any further information as they may reasonably request.

I/we understand that Verlingue Limited do not admit liability by the issue of this claim.

Name	
Position	
Signature	
Date	