

Insured Property Claim Form

This form is to be completed for claims made under the council's property insurance.

This includes claims for damage to buildings or contents for schools, operational buildings, and tenanted housing stock.

This form must not be used for commercial premises or leasehold housing stock.

This form must not be used for Public Liability claims or claims made under the Tenants Contents scheme.

Notes on making a Claim:

- Please read this form carefully before completing it.
- The form must be completed in full using BLACK PEN only.
- Please write in block capital letters but sign the form in your usual handwriting.
- Incomplete forms may delay the processing of your claim.
- All claims must be notified to the council within 10 working days of the date of the incident which has caused the damage. Late reporting of claims could result in claims not being accepted.
- A £500 excess will apply to each and every property claim.

PLEASE RETURN THE COMPLETED FORM AS SOON AS POSSIBLE TO:

**London Borough of Camden
Insurance Section
Crowndale Centre, 218 Eversholt Street,
Camden, London, NW1 1BD
Or via email to: finance.insurance@camden.gov.uk**

SECTION 1 – INSURED PROPERTY

School/Property Name: _____

Address: _____

Postcode: _____

Contact Person: _____

DAYTIME Contact Telephone Number: _____

SECTION 2 – PARTICULARS OF INCIDENT

Date of incident: ____/____/____

Time of incident: _____ am / pm

EXACT location of incident (e.g. floor level, classroom number):

Cause of the Damage (e.g. fire, theft, water damage, malicious damage):

Please provide full details of the incident: *(continue on a separate sheet of paper if necessary)*

Was the establishment open to the public at the time of the incident? Yes / No (Delete as appropriate)

Please complete the rest of Section 2 only for claims involving Burglary or Theft:

Is your building fitted with an intruder alarm? Yes / No (Delete as appropriate)

If yes, was it activated during the incident? Yes / No

Does your alarm automatically signal to a monitoring station? Yes / No

If the incident involved a forced entry, where was the point of entry? (e.g. to rear or front of building, ground floor, roof etc)

If the point of entry was a door, was the door locked? Yes / No

If the point of entry was a window, was the window fitted with key operated security locks? Yes / No

Was the window locked? Yes / No

What type of window was it and how was it forced? _____

Was the glass broken to access the handle? Yes / No

SECTION 3 – POLICE

Did the Police Attend? Yes / No (Delete as appropriate) If yes give:

Name of Police Officer in attendance: _____

Station: _____ Contact Phone Number: _____

Name of person who notified the Police: _____

Date and Time the Police were notified: _____

Police Crime Reference Number: _____

SECTION 4 – FIRE SERVICE

Did the Fire Service Attend? Yes / No (Delete as appropriate) If yes give:

Name of Senior Fire Service Officer in attendance: _____

Station: _____ Contact Phone Number: _____

Did the Fire Investigation Unit Attend: Yes / No (Delete as appropriate)

SECTION 5 – DETAILS OF DAMAGE TO BUILDINGS

Description of Damage and Repairs Required	Cost of repair

SECTION 6 – DETAILS OF DAMAGE TO CONTENTS OR EQUIPMENT

Item (Specify approx. model no.)	Where located	Council, school owned or loaned or private property	Cost of repair

SECTION 7 – DETAILS OF STOLEN CONTENTS OR EQUIPMENT

Item (specify approx. model no.)	Where located	Council, school owned or loaned or private property	Cost of replacement

SECTION 8 – DETAILS OF STOLEN CASH

Exact amount	Exact location of cash. i.e. classroom number, floor level, etc.	Council, school or private or PTA

Was the cash in a safe? Yes / No (Delete as appropriate)

Was the cash in a locked cupboard or drawer? Yes / No (Delete as appropriate)

If yes to either of the above 2 questions, please state where the key is stored: _____

Was the cash in an unlocked cupboard or drawer? Yes / No (Delete as appropriate)

If none of the above please specify where the cash was located: _____

SECTION 9 – DETAILS OF ANY INJURY

Please describe any personal injury sustained by any party involved in the incident: *(continue overleaf if necessary)*

SECTION 10 – WITNESSES

Were there any witnesses to the incident? Yes / No (Delete as appropriate)

If yes, please supply their details as we may need to approach them for a statement:

Witness 1

Name: _____

Address: _____

Telephone: _____

Witness 2

Name: _____

Address: _____

Telephone: _____

SECTION 11 – ANY OTHER RELEVANT COMMENTS YOU WISH TO MAKE *(continue overleaf if necessary)*

SECTION 12 –DECLARATION

I declare to the best of my knowledge that all the answers given are true and correct.

Signed: _____

Date: ____ / ____ / ____

Name: _____