



# Claim Form Material Loss / Damage

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Please complete the following in all instances:

Consent to act: I/we understand that in handling this claim, Towergate Underwriting Sports and Leisure (a trading name of Towergate Underwriting Group Ltd) will act on behalf of the insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis.

Please return this form to:

Towergate Underwriting Sports and Leisure, Towergate House, St Edward's Court, London Road, Romford, Essex RM7 9QD.

Please do not leave any blank spaces, although N/A may be inserted where appropriate.

### Insured Details

POLICY No.

Name of Insured

Address

Postcode

Telephone No.

(a) Are you registered and accountable for Value Added Tax?

Yes  No

(b) If Partially Exempt, please state last annual adjusted percentage of tax recoverable

 %

### Incident Details

Address or location at which loss/damage occurred

When did loss/damage occur? Date

Time

Description of circumstances / Describe how loss occurred

Is there any other insurance policy in force that also covers any of the items for which you are claiming under this policy?  
(If yes please provide details)

Yes  No

Have you suffered any previous loss / damage?

Yes  No

If so, give details:

### This Section also to be completed if loss due to Theft/Accidental loss

**(Please complete where appropriate)**

When and by whom was loss discovered?

Are premises/property alarmed?

Yes  No

If YES did alarm activate?

Yes  No

When was loss reported to Police and by whom?

To which Police Station?  Crime No.

By what means was access gained?

Were the premises unattended at the time of the loss? Yes  No

If not, when were they last attended?

Do you suspect any person or persons? Yes  No

If so, whom?

What steps have been taken to recover property lost?

**Hole In One Claim**

Is this a 'Hole in One Claim' Yes  No   
*If yes, please provide scorecard, bar bill and confirmation of achievement from Club Secretary.*

I/We warrant the truth of all information given on this claim form.

Insured's Signature  Date

**Claim Details**

Details of property lost or damaged including age and cost price where applicable.

Item	Purchase Cost / Date	Amount Claimed
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Replacement / Repair estimates required - Enclosed** Yes  No

**Total Amount Claimed** £

*Please continue on separate sheet if required.*