





# STERLING

*looking after tomorrow*

STERLING INSURANCE COMPANY LIMITED  
 50 KINGS HILL AVENUE, KINGS HILL,  
 WEST MALLING, KENT ME19 4JX  
 Telephone: 0845 271 1300 Fax: 0845 271 1471

Please return to:

## Personal Property Claim Form

Please answer all questions on this page as fully as possible and the relevant sections on other pages. Details of claim for all sections should be entered on the back page.

Please use BLOCK CAPITALS or TICK the BOXES as appropriate.

### Insured

Policy No. \_\_\_\_\_ Renewal Date \_\_\_\_\_ Date premium paid \_\_\_\_\_  
 (Any delay in payment may affect settlement of your claim)

Full name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Private address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Tel.no \_\_\_\_\_

Business address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Tel.no \_\_\_\_\_

Whom should our loss adjuster contact? \_\_\_\_\_

Have you or any member of your family permanently living with you

- suffered any loss or damage, or had any claims made against you or them in the last 5 years?
- had any special terms imposed by any insurer or had insurance cancelled, declined or renewal refused?
- ever been convicted of arson or any criminal offence (other than motoring offences) or received a police caution or is any prosecution pending?
- previously held any insurance of this type?

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

If YES, please give full details including name and address of insurers where applicable

We reserve the right to contact your previous insurers to verify the information contained in this form.

### The Event

Date  Time

Place

When and by whom discovered

State fully what happened

Were the premises occupied at the time of the incident?

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

If NO, state date and time last occupied

If known state the name and address of person causing loss or damage

If a theft, how were the premises entered?

Are the final exit doors to your premises fitted with 5 lever mortice deadlocks?

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

If NO, give details of other security fittings

Are all opening windows to your premises fitted with key operated locks?

<input type="checkbox"/>	<input type="checkbox"/>
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If NO, give reason

If alarm installed, was it activated?

<input type="checkbox"/>	<input type="checkbox"/>
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If you are claiming for lost or stolen articles, the police must be advised promptly. They must also be advised in the case of malicious damage or vandalism. State date police were advised and name of station

If the police have apprehended the culprit please ask them for a restitution order and send it to us

Officer's Number	Date	Reference
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete the relevant section(s)

### Buildings

Are you the sole owner?

YES  NO

If NO, give name and address of owner or any other party having an interest in the property i.e. Building Society

Is your home a

House  Bungalow  Flat

If a house or bungalow, is it

Detached  Semi-detached  Terraced

How many bedrooms does it have?

What is the age of the property?

What is the present value of your home based on current re-building costs?

If decorations damaged state when last decorated?

Was the home occupied by you or your family or an adult person with your permission?

YES  NO

If NO, when was it last occupied

Was the home fully furnished for habitation?

Is it used solely as a private dwelling?

If a tenant, are you legally liable under an agreement for decorations or other repairs to the building?

If YES, please forward the agreement for perusal

If YES, give details including name, address and policy number of any other insurers, if known

Are there any other insurances on the building?

### Contents

Are you the sole owner of the articles?

If NO, give the name and address of owner

Has any person or firm an interest in the articles for which you are claiming?

If YES, give details

Was the home occupied by you or your family or an adult person with your permission?

If NO, when was it last occupied

If YES, give details including name, address and policy number of other insurers, if known

Are there any other insurances on the articles?

State total value of the contents of your premises at the time of the loss (see guidance notes)

£

State how total value of calculated 'New for Old' basis

Allowance for wear and tear

If Executive Home Protection policyholder State total value of

- a) gold, gold plate, silver and silver plate, platinum, jewellery and watches
- b) paintings, drawings, prints, maps and books

£   
£

- c) curios and collections of stamps, coins or medals
- d) china, glass, and porcelain
- e) antique furniture

£   
£   
£

## Loss away from the Home

If away on holiday or business please give name, address and policy number of Travel Insurers and Tour Operators reference

If theft from a vehicle where were articles left?

Make and model of vehicle

Was the vehicle fully secured?

YES  NO

If NO, give reason why not

Was an alarm/immobiliser in operation at the time of the theft?

How was the vehicle entered?

If from a building please state why property was there

## Personal Money

When was the loss of your credit card(s) reported to the issuing organisation(s)?

Where was the money kept?

## Pedal Cycles

Was the pedal cycle securely locked?

YES  NO

If NO, give reason why not

How long had it been left unattended?

Where was the cycle left?

## Freezer Contents

Age of freezer

 yrs

Cubic Capacity

Is the freezer under guarantee or subject to a maintenance agreement?

YES  NO

Name of Freezer Repairer

Please list price and contents overleaf

## Glass

Situation

Type

Size

## Wash basin and/or sanitary fixtures

Is it a pedestal basin?

YES  NO

Does the sum claimed include the cost of new taps or fittings?