



TACKLEWISE FISHING PROTECTION CLAIM FORM

Office use only

Policy no _____

Claim ref _____

Issue Date _____

PLEASE READ THE GUIDANCE NOTES PROVIDED BEFORE COMPLETING THIS CLAIM FORM

SECTION 1 – Your details

Title: _____

Full name: _____

Sex: Male/Female

Occupation: _____

Home Address: _____

Postcode: _____

Insured location (if different): _____

Postcode: _____

Home telephone: _____

Work telephone: _____

Mobile number: _____

E-Mail: _____

1. Have you made any tackle related claims (whether paid or not) within the last three years?

Yes/No

If yes please provide details

2. Have you been convicted of any offence involving dishonesty, fraud, arson, or have prosecution pending?

Yes/No

If yes please provide details

Section 1 – your details – continued

3. Have you ever had any special terms imposed by an insurer or had insurance cancelled, declined or refused?

Yes/No

If yes give details:

4. If your claim is for theft/loss from a vehicle, do you have a motor insurance policy which may also cover all or part of the incident?

Yes/No

If yes:

Policy number: _____

Name of Insurers: _____

Contact details: _____

5. If your claim is for theft/loss from overseas, do you have a travel insurance policy which may also cover all or part of the incident?

Yes/No

If yes:

Policy number: _____

Name of Insurers: _____

Contact details: _____

6. If your claim is for theft/loss from your home/premises, do you have a home/premises insurance policy which may also cover all or part of the incident?

Yes/No

If yes:

Policy number: _____

Name of Insurers: _____

Contact details: _____

7. Have you had previous Insurance other than with Tacklewise for your tackle?

Yes/No

If yes:

Policy number: _____

Name of Insurers: _____

Contact details: _____

If no
what prompted you to take out cover?

Section 2 – Incident details

8. Please indicate what your claim is for

- Theft
- Loss
- Accidental Damage
- Other (please specify): _____
- _____
- _____
- _____

9. Date of incident:

10. The times between which the property was lost/stolen/damaged:
Time: from _____ am/pm to: _____ am/pm

11. When was the property last seen by you?
Time: _____ am/pm
Date: _____

12. When was the theft/loss discovered?
Time: _____ am/pm
Date: _____

13. Where did the incident occur?

14. State exactly how the incident occurred?

15. Where was the property stored and how it was secured at the time of the theft/loss?

16. Who had access to the lost/stolen property at the time of the incident?

17. Who should the loss adjuster contact?

18. Where can the items be inspected?

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

Section 5 – Theft from a vehicle

(if applicable)

28. Please confirm the make, model and year of manufacture of the vehicle

Make: _____

Model: _____

Year: _____

29. How was access gained to the vehicle?

30. Were any security devices fitted and in operation at the time of the incident?

Yes/No

If yes, please provide details

Section 7 – Police Information

33. Date & Time the incident was reported to the police:-

Time: _____ am/pm Date: _____

34. How was the incident reported (please indicate)

By phone

Online

In Person

35. Address of the police station where the incident was reported: _____

36. Telephone number of the police station:

Section 6 – Accidental damage

(if applicable)

31. Please describe the damage to each individual items

32. Are any of the items repairable?

37. Crime reference number given by the police

38. Did the police attend the scene of the crime?

Yes/No

39. If the police were not advised immediately the Incident was discovered please confirm the reason for any delay

Additional Information

Please complete the equipment details form overleaf

DECLARATION

I/we declare that these particulars are true to the best of my/our knowledge and belief. I/we understand that if part of this claim is found to be fraudulent in any respect all benefits under this policy will be forfeited and I/we may be liable to prosecution.

I/we consent to Sterling Insurance Company Limited contacting my/our previous insurers, insurance intermediaries, agents or brokers to check the answers I/we have provided and I/we authorise the giving of such information.

I/we understand that my personal data will be used by Sterling Insurance Company Limited for the purposes of my insurance, which could involve passing details to agents of Sterling Insurance Company Limited, other Insurers or fraud prevention agencies.

Signature(s) _____ Date _____

Please print name _____

