



### DETAILS OF POLICE SECURITY REPORT

BEFORE SUBMITTING THIS FORM, PLEASE ENSURE THAT ALL THEFT OR MALICIOUS DAMAGE CLAIMS ARE REPORTED TO THE POLICE.

WAS THE INCIDENT REPORTED TO THE POLICE?	YES / NO	DATE / TIME	
HOW WAS THE REPORT MADE?	VISIT / TELEPHONE / OTHER	WAS THE REPORT MADE AS	THEFT / ACCIDENTAL LOSS / MALICIOUS DAMAGE
ADDRESS & TELEPHONE OF POLICE STATION			
POLICE CRIME REFERENCE NUMBER			

### DETAILS OF ITEMS LOST, STOLEN OR DAMAGED

DESCRIPTION OF ITEMS	MAKE, MODEL & SERIAL NUMBER	DATE OF ACQUISITION	FROM WHERE OR WHOM OBTAINED	ORIGINAL COST PRICE	CURRENT COST PRICE
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
<b>TOTAL AMOUNT CLAIMED</b>				£	£

### CLAIMANT DECLARATION

<ul style="list-style-type: none"> <li>HAVE YOU EVER BEEN CONVICTED OR DO YOU HAVE A CONVICTION PENDING FOR FRAUD, THEFT OR OTHER DISHONESTY?</li> </ul>	YES / NO
<ul style="list-style-type: none"> <li>I DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</li> <li>I UNDERSTAND THAT ANY MISSTATEMENTS OR WITHOLDING OF INFORMATION WILL RENDER MY CLAIM VOID AND MAY LEAD TO CRIMINAL PROCEEDINGS AGAINST ME.</li> <li>I HAVE NOT WITHHELD ANY INFORMATION CONNECTED WITH THIS INCIDENT AND AGREE TO PROVIDE ANY FURTHER INFORMATION OR DOCUMENTATION AS MAY BE REQUIRED.</li> <li>I AGREE THAT THE INSURER SHALL HAVE ABSOLUTE DISCRETION IN THE CONDUCT OF ANY PROCEEDINGS OR SETTLEMENTS OF ANY CLAIMS AGAINST ME ARISING OUT OF THIS INCIDENT.</li> <li>I UNDERSTAND THAT THE INSURER DOES NOT ADMIT ANY LIABILITY BY THE ISSUE OF THIS FORM</li> </ul>	
<b>SIGNED BY THE INSURED</b>	<b>DATE</b>
<b>SIGNED BY THE CLAIMANT</b> (IF DIFFERENT)	<b>DATE</b>

### UNIVERSITY CLAIM DECLARATION

<ul style="list-style-type: none"> <li>I VERIFY THAT THE ABOVE NAMED PERSON IS RESIDENT IN THE UNIVERSITY / COLLEGE OWNED OR MANAGED ACCOMMODATION DETAILED ABOVE AND THAT THIS INCIDENT HAS BEEN REPORTED TO ME.</li> </ul>	UNIVERSITY / COLLEGE STAMP
NAME	
SIGNED	
TITLE	
DATE	

### WHAT TO DO NEXT

**IMPORTANT:** PLEASE ENSURE THAT YOU INCLUDE ANY PROOF OF PURCHASE / OWNERSHIP DOCUMENTATION (SUCH AS PURCHASE RECEIPTS, GUARANTEE CERTIFICATES), FOR ANY ITEMS VALUED IN EXCESS OF £150 (WHERE AT ALL POSSIBLE).

IF YOU ARE UNABLE TO PROVIDE THE REQUESTED DOCUMENTATION, PLEASE EXPLAIN FURTHER IN WRITING (ON A SEPARATE SHEET).

THE SIGNED, COMPLETED CLAIM FORM AND ATTACHMENTS SHOULD THEN BE RETURNED TO OUR CLAIMS TEAM AT THE FOLLOWING ADDRESS.

SAXON CAMPUS BLOCK HALLS CLAIMS, GAB ROBINS UK LTD, ROBINS AFFINITY MANAGEMENT, 1 <sup>ST</sup> FLOOR, BUILDING 8, EXCHANGE QUAY, SALFORD QUAYS, MANCHESTER, M5 3EJ	<b>CLAIMS HELPLINE:</b> 0844 576 8361  <b>EMAIL:</b> <a href="mailto:claims@saxoninsurance.com">claims@saxoninsurance.com</a>
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