





## SAXON CLAIM FORM

(For Student Shield, Student Shield Plus & Tenant Shield policies)

### DETAILS OF POLICE 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 WERE THE POLICE INFORMED?	VISIT / TELEPHONE / OTHER	WAS THE INCIDENT REPORTED AS:	THEFT / ACCIDENTAL LOSS / MALICIOUS DAMAGE
POLICE STATION ADDRESS & TELEPHONE NUMBER			
POLICE CRIME REFERENCE NUMBER			

### DETAILS OF ITEMS LOST, STOLEN OR DAMAGED

DESCRIPTION OF ITEMS	MAKE, MODEL & SERIAL NUMBER	DATE ACQUIRED	FROM WHERE OR WHOM OBTAINED	ORIGINAL COST PRICE	CURRENT COST PRICE
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
				£	£
TOTAL AMOUNT CLAIMED				£	£

### 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 AM THE SOLE OWNER OF ALL THE PROPERTY CLAIMED. IF NO, PLEASE EXPLAIN FURTHER IN WRITING (ON A SEPARATE SHEET).</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 HAVE NOT WITHHELD ANY INFORMATION CONNECTED WITH THIS INCIDENT AND AGREE TO PROVIDE ANY FURTHER INFORMATION OR DOCUMENTATION AS MAY BE REQUIRED. I UNDERSTAND THAT ANY MISSTATEMENTS OR WITHOLDING OF INFORMATION MAY RENDER MY CLAIM VOID AND MAY LEAD TO PROSECUTION.</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>

### 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 CLAIMS SERVICE, GAB Robins, Suite 2, 2 <sup>nd</sup> Floor, Clifton House, Bradford Road, Bailiff Bridge, Brighouse, HD6 4JJ	CLAIMS HELPLINE: 0844 576 8361  EMAIL: <a href="mailto:claims@saxoninsurance.com">claims@saxoninsurance.com</a>
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