

Name of officer dealing with case:



Having your caravan stolen is a distressing experience. We will attempt to relieve some of the distress by dealing with your claim as quickly and sympathetically as possible but we will require your assistance and co-operation to do so. Please complete the questions below as fully as possible and email this form, together with any receipts you may have for the stolen items, to caravanclaims@devittinsurance.com or alternatively send by post to: Caravan Cover Claims, Devitt Services Ltd, North House, St Edwards Way, Romford, Essex, RM1 3PP

To help us improve our claims service we may contact you for feedback.

DI EASE COMDIETE ALL SECTIONS IN BLOCK LETTEDS

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PERSON	AL DETAILS (II	NSURED):									
Title:	Mr/Mrs/Miss/Ms	Forenames:					Surname	:			
Address:											
Telephon	e:						Mobile:				
Email:											
Preferred	method of contact:	Email / Te	lephon	ne / Letter							
Professio	n / Occupation:						Date of Bir	th:			
COVER D	FTAILS:										
Cover Nu						ı	Renewal [Date:			
Limit of co	ver (section 1) £										
	ver (section 2) £										
	lease include curre	ent schedule									
CARAVAI	N DETAILS:										
Make:				Model:				Year:		Axles:	Single/Twin
CRIS VIN	Number (or serial/	Chassis numbe	er):								
Date of p	urchase:	Price p	aid:			Curr	rent estim	ate val	ue:		
Purchase	d from:						(pleas	e attac	h origina	ıl invoice	or receipt)
Details of	any non standard	fixtures, fitting	gs or m	odifications:							
Distinguis	shing features (Uni	que to your ca	ravan):	:							
DETAILS	OF THE LOSS	•									
		Date:		Time:			By whom:				
		Date:		Time:		By whom:					
Who disc	overed the caravan	was missing?									
	where the caravan v						(pleas	e attac	h origina	ıl invoice	or receipt)
When wa	s the theft reported	to the police?		Date:	Ti	ime:			y whom:		. ,
Address	of police station cor	ncerned:									

Crime Report No:



DETAILS OF THE LOSS CONTINUED:

DETAILS OF THE LOSS CONTINUED.					
Please give an account of the ci	rcumstances surrour	nding the theft &/or discovery:			
SECURITY PRECAUTIONS	 S:				
Was the caravan locked and wir		Yes/No If no, give full	details:		
Was a hitch lock fitted?	Yes/No	If yes, state make/type:			
Was an alarm system fitted?	Yes/No	If yes, state make/type:			
If yes, was it activated at the tim	ne? Yes/No	Yes/No If no, state why not:			
Was a wheel clamp fitted?	Yes/No	Yes/No If yes, state make/type:			
Was a secure wheel lock fitted?	Yes/No	Yes/No If yes, state make/type:			
Was a Tracking System fitted?	Yes/No	es/No If yes, state make/type:			
If yes, was it activated at the tim	ne? Yes/No	No If no, state why not:			
Additional security precautions	taken:				
ITEMS OF CONTENTS/EC	UIPMENT STO	LEN: (Please attached pr	roof of ownership where possible)		
Description	When purchased	Original cost price	Amount claimed (allow for age, wear & tear)		

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The following sections MUST be completed on every occasion

FINANCE DETAILS:

I INANCE DE IAIL								
Is any of the proper	ty for which you are	claiming the subject of a	ny outstanding fina	nce or hire purchase agreement?				
Yes/No I	Yes/No If yes, please answer the following questions:							
Loan in respect of:								
Name and address of	of finance company							
Account number:	: Date of agreement:							
Amount of loan:		Period of loan:	Amou	Amount outstanding:				
OTHER COVER:								
	tanta nua vialan		Cover No:					
Name of house cont	terits provider.		Cover No.					
Address.								
Any other cover? Inc	sluding packaged b	ank account, add ons, gadg	not cover and Trave	Incurance				
•			get cover and mave	l liisui diice.				
Yes/No (If yes, ple	ease give full details	below)						
DECLARATION:								
				my/our knowledge and belief.				
	•	benefit that is fraudulent o	or exaggerated may	result in no payment of your claim and				
cover invalid from the c		ha narsanal information l	/M/E provide in this	form or otherwice may be collected				
				form or otherwise may be collected, vacy Policy found at www.caravanclub.				
co.uk/privacy-policy.				,				
		len and not recovered any ement offer being issued.	payments due for t	he remainder of the cover period will				
Signature (s)				Date:				
				Date:				