

CLAIM FORM

Please complete the questions below as fully as possible and forward this form, together with any estimates and receipts to caravanclaims@devittinsurance.com or alternatively please send to Devitt Insurance Serviced Ltd, Caravan Claims Department, North House, St Edwards Way, Romford, Essex, RM1 3PP.

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

TYPE OF CLAIM:

<input type="checkbox"/> Accident on a Road / Motorway	<input type="checkbox"/> Theft of contents	<input type="checkbox"/> Damage to awning
<input type="checkbox"/> Accident involving a Third Party	<input type="checkbox"/> Break in	<input type="checkbox"/> Fire
<input type="checkbox"/> Accident at Home/Resort/Other	<input type="checkbox"/> Malicious damage	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Storm/Hail damage	<input type="checkbox"/> Window/Glass	<input type="text"/>

PERSONAL DETAILS (INSURED):

Title:	Mr/Mrs/Miss/Ms	Forenames:		Surname:	
Address:					
				Date of Birth:	
Telephone (Home):				Mobile:	
Email:					
Preferred method of contact:	Email / Telephone / Letter				
Profession / Occupation:					

COVER DETAILS:

Cover Number:		Renewal Date:	
Limit of cover (section 1) £			
Limit of cover (section 2) £			

If possible please include current schedule

CARAVAN DETAILS:

Make:		Model:		Year:		Axles:	Single/Twin
CRIS VIN Number (or Serial/Chassis number):							
Make & model of towing vehicle:							
Registration number:							
In the event of serious damage which could result in the caravan being written off, please complete the below section:							
Date of purchase:		Price paid:		Current estimate value:			
Purchased from:	(Please attach original invoice or receipt)						
Details of any non standard fixtures, fittings or modifications:							

CARAVAN DETAILS CONTINUED:

Have you removed your personal possessions from the caravan?	Yes/No
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Please note if your caravan is beyond economical repair and is incurring storage charges we will move your caravan to a free storage facility.

DETAILS OF CLAIM:

Date of occurrence:	Time:	Location:
Description of Circumstances:		
(Continue on separate sheet if necessary)		
Name & address of third party (if applicable):		
		Registration Number:
Name & address of independent witness (if applicable):		

DAMAGE TO CARAVAN:

Brief details of damage sustained:	
Address where caravan may be inspected:	
Is your caravan due to be sold or part exchanged within the foreseeable future?	Yes/No
(if Yes, give full details:)	

Please attach at least one written repair estimate from a repairer of your choice and include photos or a sketch of the accident scene &/or the area of damage.

THEFT OF CONTENTS OF EQUIPMENTS

When was the loss discovered?	Date:	Time:	By whom:
When was the caravan last seen intact?	Date:	Time:	By whom:
Address where the caravan was when the theft/loss occurred?			
Was the caravan fully closed & locked?	Yes/No	(if No, give full details:)	
How was entry obtained?			
When was the theft reported to the police?	Date:	Time:	By whom:
Address of police station concerned:			
Name of officer dealing with case:			Crime Report No:

CONTENTS/EQUIPMENT LOST, DAMAGED OR STOLEN: (Please attached proof of ownership where possible)

Description	When purchased	Original cost price	Amount claimed (allow for age, wear & tear)

The following sections MUST be completed on every occasion
FINANCE DETAILS:

Is any of the property for which you are claiming the subject of any outstanding finance or hire purchase agreement?			
Yes/No	If yes, please answer the following questions:		
Loan in respect of:			
Name and address of finance company:			
Account number:			Date of agreement:
Amount of loan:		Period of loan:	
		Amount outstanding:	

OTHER INSURANCE:

Is there any other insurance policy in force which also covers any of the articles for which you are claiming this policy?	
Yes/No	(If yes, please give full details) this includes packages bank account add ons, gadget cover and Travel Insurance

DECLARATION:

I/We declare that the information given on this form is true and accurate to the best of my/our knowledge and belief.
I/WE understand that any claim to obtain benefit that is fraudulent or exaggerated may result in no payment of claim and your cover will be invalid from the date of claim.
I/We agree that, by submitting this form, the personal information I/WE provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Caravan and Motorhome Club Privacy Policy found at www.caravanclub.co.uk/privacy-policy

Signature (s) _____

Date: _____
Date: _____