

Equipment Claim Registration Form

Thank you for notifying us of the claim or incident. We ask that you complete (relevant sections only) and sign the form below as well as the included loss list. Please return both completed documents via email to claims@admiralbusiness.com along with any supporting documentation.

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| POLICYHOLDER DETAILS |
| Policy Number  |  |
| Name |  |
| Date of Birth |  |
| Address |  |
| Email    |  |
| Contact Number |  |

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| THEFT FROM VEHICLE (Please only complete if the claimed items have been stolen from the vehicle) |
| Describe what has happened in as much detail as you can |  |
| Registration Number of Vehicle Involved |  |
| Where was the vehicle parked when the theft occurred? Please provide the full address and postcode |  |
| What date and time was the vehicle last left before the theft occurred? |  |
| What date and time was the theft first discovered? |  |
| Was the vehicle locked and secure prior to the theft? |  |
| Is there any indication of how entry was gained into the vehicle and if so, please describe any damage? |  |
| Where in the vehicle were the items stolen from? (e.g. boot, main cargo of van, front seats etc.)  |  |
| Name of Motor/Van Insurer and Policy Number |  |
| Police Force and Crime/Incident Reference Number |  |
| Witness Contact Details (if any witnesses) |  |
| CCTV Details (if any CCTV) |  |

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| THEFT OF VEHICLE (Please only complete if the vehicle itself has been stolen with the claimed items inside) |
| Describe what has happened in as much detail as you can |  |
| Registration Number of Vehicle Involved |  |
| Where was the vehicle parked when the theft occurred? Please provide the full address and postcode |  |
| What date and time was the vehicle last left before the theft occurred? |  |
| What date and time was the theft first discovered? |  |
| Was the vehicle locked and secure prior to the theft? |  |
| Is there any indication of how the vehicle has been stolen? (e.g. signs of debris, keys stolen)  |  |
| Has the vehicle been recovered following the theft?  |  |
| Name of Motor/Van Insurer and Policy Number |  |
| Police Force and Crime/Incident Reference Number |  |
| Witness Contact Details (if any witnesses) |  |
| CCTV Details (if any CCTV) |  |

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| THEFT FROM HOME (Please only complete if the claimed items have been stolen from your home or garage) |
| Describe what has happened in as much detail as you can |  |
| Where has the theft happened? Please provide the full address and postcode |  |
| What date and time was the theft first discovered? |  |
| Was the property locked and secure prior to the theft?  |  |
| Is there any indication of how entry was gained into the property and if so, please describe any damage? |  |
| Where in the home were the items stolen from? (e.g. downstairs in home, upstairs in home, garage etc.)  |  |
| Name of Home Insurer and Policy Number |  |
| Police Force and Crime/Incident Reference Number |  |
| Witness Contact Details (if any witnesses) |  |
| CCTV Details (if any CCTV) |  |

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| FIRE IN VEHICLE(Please only complete if the claimed items have been damaged due to a fire in the vehicle) |
| Describe what has happened in as much detail as you can |  |
| Registration Number of Vehicle Involved |  |
| Where was the vehicle when the fire has happened? Please provide the full address and postcode |  |
| What date and time did the fire occur?  |  |
| Where in the vehicle were the items being kept when the fire occurred? (e.g. boot, main cargo of van, front seats etc.)  |  |
| Is there any indication of how the fire started and if so, please describe? |  |
| Name of Motor Insurer and Policy Number |  |
| Police Force and Crime/Incident Reference Number |  |
| Witness Contact Details (if any witnesses) |  |
| CCTV Details (if any CCTV) |  |

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| FIRE IN HOME(Please only complete if the claimed items have been damaged due to a fire in the home) |
| Describe what has happened in as much detail as you can |  |
| Where has the fire happened? Please provide the full address and postcode |  |
| What date and time did the fire occur?  |  |
| Where in the home were the items being kept when the fire occurred? (e.g. downstairs in home, upstairs in home, garage etc.)  |  |
| Is there any indication of how the fire started and if so, please describe? |  |
| Name of Home Insurer and Policy Number |  |
| Police Force and Crime/Incident Reference Number |  |
| Witness Contact Details (if any witnesses) |  |
| CCTV Details (if any CCTV) |  |

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| ROAD TRAFFIC ACCIDENT(Please only complete if the claimed items have been damaged due to a road traffic accident) |
| Describe what has happened in as much detail as you can |  |
| Registration Number of Vehicle Involved |  |
| What date and time did the accident happen?  |  |
| Where did the accident happen? Please provide the full address and postcode  |  |
| Name of Motor Insurer and Policy Number |  |
| Police Force and Crime/Incident Reference Number |  |
| Witness Contact Details (if any witnesses) |  |
| CCTV Details (if any CCTV) |  |

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| EVIDENCETo help progress your claim, we will require the following evidence. Please indicate using the table below if the following evidence has been provided  |
| EVIDENCE | ATTACHED | CAN PROVIDE AT A LATER STAGE | NOT APPLICABLE |
| Invoices/receipts for claimed items |  |  |  |
| Original photographs of any damage sustained to the vehicle, home or claimed items |  |  |  |
| Original photographs of any vehicle involved with the registration number in view |  |  |  |
| Copies/screenshots of any correspondence from the police with the crime/incident number visible |  |  |  |

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| ADDITIONAL INFORMATION(Please note any additional information here that you feel is relevant to the matter) |
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STATEMENT OF TRUTH

I hereby confirm that the information above is accurate to the best of my knowledge and also understand that in signing this statement of truth my Insurer may rely upon my signing this document in respect of any investigations made in relation to fraud prevention or otherwise.

Signed (typed or handwritten) ………………………………………………….

Dated…………………………………………….



Equipment Loss List (Claimed Items)

We ask that you complete the form below to detail all Equipment that have been stolen or damaged in the incident; these items will then be considered as part of your Claim. This document will need to be completed in full and signed before we are able to progress your Claim.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item No    | Name of Item (Make & Model)   | Purchase Date (E.g. (10/05/22) | Purchase Price (inc. VAT)   | Supplier Purchased From    | Payment Method (Cash/Card) | Proof of Purchase Evidence Attached (Y/N)   |
| 1    |     |     |     |     |     |   |
| 2    |     |     |     |     |     |   |
| 3    |     |     |     |     |     |   |
| 4    |     |     |     |     |     |   |
| 5    |     |     |     |     |     |   |
| 6    |     |     |     |     |     |   |
| 7    |     |     |     |     |     |   |
| 8    |     |     |     |     |     |   |
| 9    |     |     |     |     |     |   |
| 10    |     |     |     |     |     |   |
| 11    |     |     |     |     |     |   |
| 12    |     |     |     |     |     |   |
| 13    |     |     |     |     |     |   |
| 14    |     |     |     |     |     |   |
| 15    |     |     |     |     |     |   |
| 16    |     |     |     |     |     |   |
| 17    |     |     |     |     |     |   |
| 18    |     |     |     |     |     |   |
| 19    |     |     |     |     |     |   |
| 20    |     |     |     |     |     |   |
| 21    |     |     |     |     |     |   |
| 22    |     |     |     |     |     |   |
| 23    |     |     |     |     |     |   |
| 24    |     |     |     |     |     |   |
| 25    |     |     |     |     |     |   |
| 26    |     |     |     |     |     |   |
| 27    |     |     |     |     |     |   |
| 28    |     |     |     |     |     |   |
| 29    |     |     |     |     |     |   |
| 30    |     |     |     |     |     |   |
| 31    |     |     |     |     |     |   |
| 32    |     |     |     |     |     |   |
| 33    |     |     |     |     |     |   |
| 34    |     |     |     |     |     |   |
| 35    |     |     |     |     |     |   |
| 36    |     |     |     |     |     |   |
| 37    |     |     |     |     |     |   |
| 38    |     |     |     |     |     |   |
| 39    |     |     |     |     |     |   |
| 40    |     |     |     |     |     |   |
| 41    |     |     |     |     |     |   |
| 42    |     |     |     |     |     |   |
| 43    |     |     |     |     |     |   |
| 44    |     |     |     |     |     |   |
| 45    |     |     |     |     |     |   |
| 46    |     |     |     |     |     |   |
| 47    |     |     |     |     |     |   |
| 48    |     |     |     |     |     |   |
| 49    |     |     |     |     |     |   |
| 50    |     |     |     |     |     |   |

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| **Total Cost of Claim (£)** |  |

STATEMENT OF TRUTH

I hereby confirm that the list above is a true, accurate and complete list of all claimed items which are the subject matter of this Claim.  I understand that once this list is submitted, additional items will not be considered as part of the Claim. I also understand that in signing this statement of truth my Insurer may rely upon my signing this document in respect of any investigations made in relation to fraud prevention or otherwise.

Signed (typed or handwritten) ………………………………………………….

Dated……………………………………………………..