SECTION 2 – PROPERTY
PROPERTY CLAIM FORM

IMPORTANT NOTICES

1. WHERE POSSIBLE, PLEASE ATTACH REPAIR/REPLACEMENT INVOICES AND/OR RECEIPTS.

2. PLEASE CHECK TO ENSURE ALL RELEVANT QUESTIONS HAVE BEEN ANSWERED.

COVER DETAILS

NAME OF PUBLIC AUTHORITY ........................................................................................................ POST CODE .......... COVER No. ..........................................
POSTAL ADDRESS ............................................................................................................................ PHONE ..............................................................

Please indicate type of cover: PROPERTY ☐ AVIATION ☐ MARINE ☐ ELECTIVE ☐

Is there any other insurance covering the property lost or damaged? ☐ Yes ☐ No If yes, advise name of Insurance Company and Policy/Cover No. ...............................................

DETAILS OF CLAIM

1. Have you previously reported this claim to RiskCover? ☐ Yes ☐ No If Yes, how and when? ...............................................................

2. Date of loss or damage ........................................... Time ................. am / pm CLAIM No. ...........................................

3. When was it discovered? .............................................................. ..................................................

4. Where did it occur? .............................................................. ..................................................

5. Describe fully the cause and extent of loss or damage ..............................................................................................................

6. Was the property lost or damaged wholly owned by you? ☐ Yes ☐ No If No, advise details of ownership .................................................................

7. Was the loss or damage reported to the Police? ☐ Yes ☐ No If Yes, advise name of Police Station ..........................................................

Date reported ........................................... and by whom ..........................................................

8. Were there any witnesses to the loss or damage? ☐ Yes ☐ No If Yes, advise their name(s) and address ..........................................................

9. Do you consider any person(s) responsible for the loss or damage? ☐ Yes ☐ No If Yes, give reasons and name and address of such person(s) ..........................................................

10. Have repairs been carried out? ☐ Yes ☐ No If Yes, advise the Repairer’s name and address, and include the Repairer’s report ..........................................................

and has the repair account been paid? ☐ Yes ☐ No

PLEASE COMPLETE OTHER SIDE OF FORM
11. Have all necessary precautions been taken to avoid further loss or damage?  
   ☐ Yes  ☐ No  
   Provide Details ..............................................................................................................................

12. Are there any signs of faulty manufacture or workmanship?  
   ☐ Yes  ☐ No  
   Provide Details ..............................................................................................................................

**STATEMENT OF CLAIM**

<table>
<thead>
<tr>
<th>Items lost or damaged</th>
<th>Date of Purchase</th>
<th>Replacement Cost price</th>
<th>Value of salvage (if any)</th>
<th>Amount claimed</th>
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**TOTAL AMOUNT OF CLAIM**

I/WE SOLEMNLY AND SINCERELY DECLARE that the answer to each and every question on this Form and the particulars contained herein or annexed hereto are true in both substance and fact.

SIGNATURE OF PERSON HAVING AUTHORITY .................................................................

NAME ..............................................................................................................................

TITLE ..............................................................................................................................