

1. Brief details of what happened and how it happened

[Redacted area for question 1]

2. Location of occurrence

[Redacted area for question 2 location]

Date and time of occurrence

[Redacted area for question 2 date/time]

3. Lost items and claims for theft and vandalism must be reported to the Police

Address of police station:

[Redacted area for question 3 address]

Crime Reference

[Redacted area for question 3 crime reference]

4. If appropriate give name and address of person causing loss/damage

[Redacted area for question 4 name/address]

5. Are you the owner of the property lost/damaged?

Yes No

If no, name and address of owner:

[Redacted area for question 5 owner details]

6. Is the property covered by any other insurance?

Yes No

If yes, please give details

[Redacted area for question 6 details]

7. Are you registered and accountable for VAT?

Yes No

8. If a household claim was the house fully furnished for habitation at the time of loss?

Yes No

If no, please give date furniture removed:

[Redacted area for question 8 date]

9. Description of Property lost/damaged. Please enclose original purchase receipt(s) where applicable

Description of articles claimed for	Date purchased or received	From whom purchased or received	Original Cost Price	Value allowing for wear and tear	Present replacement value/cost of repair	Amount Claimed

10. Please give details of any previous claims within the last 5 years and give details of Insurers. Please state if none

[Redacted area for question 10]

11. If payment cheques are not to be issued in the joint names of all Insured persons, please state payee.

[Redacted area for question 11]

Declaration I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief and wish to make a claim under the policy for the loss sustained.

I/We understand that you may ask for information from other insurers to check the answers I/we have provided.

All insured persons to sign here:

Date:

[Redacted area for signatures]

Insurance Claim Form



Date of Issue

[Redacted area for date of issue]

Dear Customer

Please complete the boxes below and the shaded red areas overleaf relevant to your claim. Where emergency repairs are necessary to prevent further damage please proceed on your own authority and send all accounts for the emergency work for consideration. For other work/loss of or damage to contents please forward 2 estimates. Please note that under the terms of your policy the submission of paid invoices does not guarantee payment.

Please enter your name (or both names for a joint account), address and account number.

Surname	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number <input type="text"/>
Postcode	<input type="text"/>	Home <input type="text"/> Work <input type="text"/>

Insurers pass information to the Claims and Underwriting Exchange Register, run by Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

Nationwide may handle any claim that you make. When we do we will only be acting on behalf of the insurer.

Please return to:-
Insurance Claims, Nationwide Building Society,
Kings Park Road, Moulton Park, Northampton NN3 6NW.

The telephone number for Insurance Claims is 08458 50 40 12

Fax: 01604 854372

Nationwide buildings and contents insurance is underwritten by U K Insurance Limited. Nationwide Building Society is authorised and regulated by the Financial Services Authority under registration number 106078. Credit facilities other than regulated mortgages are not regulated by the Financial Services Authority. You can confirm our registration on the FSA's website, www.fsa.gov.uk or by contacting the FSA on 0300 500 5000.