



# HOUSING CLAIMS FORM

To help us deal with your claim as quickly as possible, please complete all relevant sections using BLOCK CAPITALS and provide supporting information where available. Please remember to sign and date this form.

Housing, 249 Midsummer Boulevard, Central Milton Keynes, MK9 1YA  
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**HOUSING STOCK:** ALL CLAIMS TO BE NOTIFIED AND CLAIMS FORM RETURNED WITHIN 60 DAYS OF THE INCIDENT OCCURRING

|  |                      |                       |
|--|----------------------|-----------------------|
| Name of insured:   | Policy Number:       |                       |
| Correspondence Address:  |                      |                       |
| Postcode   |                      |                       |
| Address where loss/damage occurred:  |                      |                       |
| Postcode   |                      |                       |
| Telephone No:  | Date of Loss/Damage: |                       |
| Is the property rented/leasehold/shared ownership:   |                      |                       |
| Please describe fully how loss/damage occurred:  |                      |                       |
| Has the property been made safe to prevent further loss/damage?  |                      |                       |
| If No, please provide brief details to explain why not:  |                      |                       |
| For theft and malicious damage claims please state when police were notified:  |                      |                       |
| Crime Reference Number:  |                      |                       |
| Address of Police Station:   |                      |                       |
| Postcode:  |                      |                       |
| Was the property occupied at the time of the loss? If not, for how long has it been empty?   |                      |                       |
| DETAILS OF CLAIM   |                      |                       |
| Please enclose estimates/invoices in support of the amounts being claimed, however please do not delay submission of the claim if you do not have these items. |                      |                       |
| Full description of property damaged or destroyed:   |                      |                       |
| Total Amount Claimed:  |                      |                       |
| <b>I/We declare that the particulars given on this form to QBE Insurance (Europe) Limited are true and complete.</b>   |                      |                       |
| Date:  | Position:            | Signature of Insured: |