

# Property Report Form

Once complete return to;  
Marshall Wooldridge Ltd, 14 – 16 Ivegate, Yeadon, Leeds, LS19 7RE  
Tel No. 0113 250 6614 Fax No. 0113 387 9799



UNDERWRITTEN BY

Allianz

marshall wooldridge  
Chartered Insurance Brokers

Please complete all relevant sections. If any are not applicable please add N/A

## CLUB INFORMATION (must be completed)

Name of club \_\_\_\_\_ Club ID \_\_\_\_\_  
Contact \_\_\_\_\_ Tel No. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email address \_\_\_\_\_  
VAT Registered YES / NO If YES, % recoverable \_\_\_\_\_

## EVENT (must be completed)

Date and Time of Incident \_\_\_\_\_ When and by whom discovered \_\_\_\_\_  
State in full the cause and circumstances of the loss or damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## A. PROPERTY DAMAGE (must be completed)

List all damaged items with approximate values and provide copy purchase receipts (if available), or proof of ownership (photographs, operation manuals etc.):  
If insufficient space, please continue on a separate sheet

### A1. CONTENTS

Description of item	Original cost	Year purchased	Cost to repair / replace (please attach estimate)	Repairable? YES/NO

### A2. BUILDINGS

Details of damage to building	Age of building	Date when last maintenance undertaken	Amount of estimate	Extent of damage

Please note that policy excess under the Buildings, General Contents, Ground Machinery & All Risks Marine Cargo Container is the first £350 of each and every claim. The policy excess for items under the All Risks section is the first £150 of each and every claim.

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Please complete any of the sections below that are relevant to the claim

## B. THEFT (complete if applicable)

How was entry gained into the premises? \_\_\_\_\_ Was there an alarm? YES / NO  
If YES, did it activate? YES / NO  
Are the premises now secure? YES / NO  
Have you complied with the minimum standard of security as required by your policy/schedule? \_\_\_\_\_  
Please provide details of type of doors & window locks you have \_\_\_\_\_  
Crime reference number and name of police officer that dealt with the matter \_\_\_\_\_  
Name and telephone number of the relevant police station \_\_\_\_\_

## C. BUSINESS INTERRUPTION (complete if applicable)

Are you still able to operate? YES / NO  
If NO, please state why, and how long is this likely to last? \_\_\_\_\_  
If NO, please advise how much money the club is lost or is likely to lose (for estimate purposes) \_\_\_\_\_  
What actions have the club taken to continue operating? \_\_\_\_\_  
\_\_\_\_\_

## D. ESCAPE OF WATER (complete if applicable)

Please state of the cause of the leak \_\_\_\_\_  
Has it been repaired? YES / NO If YES, please provide the plumber's invoice for our records  
Are the electrics affected? YES / NO If YES, has an electrician made them safe?  
Will dehumidifiers be required? YES / NO

## E. ADDITIONAL COMMENTS

Please add any additional information not catered for above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
What actions have the club taken to prevent a similar occurrence in the future? \_\_\_\_\_  
\_\_\_\_\_

## F. CLUB BANK DETAILS\* (must be completed for settlement of your claim)

Payee name: \_\_\_\_\_ Sort code: \_\_\_\_\_  
Account number: \_\_\_\_\_

\*All details provided will be kept confidential and only passed to your insurance company for means of paying your claim

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## Please read and sign the following declaration

I/We declare that the above is a full and accurate statement, and I/we therefore claim the sum of £ as the amount due to me/us in respect of the loss of or damage to the property detailed. The damaged property should be protected from further deterioration but should not be disposed of until permission is given by the Company or the appointed Adjusters.

### Notice

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Service Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

### Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

### VERY IMPORTANT – FRAUD AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

### FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM WILL NOT BE MADE.

I/We declare the forgoing particulars to be correct to the best of my knowledge and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

### SIGNED FOR & ON BEHALF OF:-

Signature of Insured _____	Date _____
Name _____	Position _____