



**MEDIA PRODUCTION  
INSURANCE  
PROPERTY CLAIM FORM**

Before any question is answered read carefully the declaration at the end of this claim form which you are required to sign. Answer all questions in full. Tick Yes/No boxes.

1. Insured

2. Address (for correspondence)

<input type="text"/>
<input type="text"/>
Post Code:

Telephone Number

Home:	Work:
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3. Policy/Certificate number

4. Date of the loss or damage

5. Location of the loss or damage

6. State how the loss or damage occurred with details of witnesses

(Continue on a separate sheet if necessary)

List all lost or damaged items in the schedule at the back.

7. Have the police been notified? Yes  No

If Yes, give the station and date of notification

8. Has any other person an interest in the property concerned? Yes  No

If Yes, give full details including copies of any relevant hire or rental agreements

(Continue on a separate sheet if necessary)

9. Is there any other insurance covering the property concerned? Yes  No

If Yes, give details

(Continue on a separate sheet if necessary)

10. Are you registered for VAT? Yes  No

If Yes, give status

## DECLARATION

I hereby declare that the details given on this form are true and complete to the best of my knowledge.

Signature on behalf of insured

Date

Please supply estimates/invoices where appropriate.

Description of item(s) lost or damaged	Name of the owner if not the policy/certificate holder	Date when item(s) was acquired or received	Cost price	Amount claimed