

claim reference number:



claim form

Important. You must answer all questions in Sections 1, 3 and 9 and sign the declaration on the back page. Please complete the sections that are relevant to your claim only. This form will be returned if it is not completed, which will cause a delay in the processing of any claim. **Completed forms should be emailed to insurance@believehousing.co.uk**

For further assistance please call the Business Risk and Assurance Team on 0300 1311 999.

Due to the coronavirus (COVID-19) outbreak, we are encouraging customers to please return completed forms via email, and not by post, whilst our teams are working remotely. We apologise for any inconvenience this may cause.

section 1 – personal details of claimant

Name: Mr / Mrs / Miss / Ms

Forename: Surname:

Address:

..... Postcode:

Telephone number: Email:

Date of birth: Age: Occupation:

National insurance number:

If the claimant is a minor, Section 2 needs to be completed by the parent/guardian.

section 2 – parent/guardian details

Name: Mr / Mrs / Miss / Ms

Forename: Surname:

Address:

..... Postcode:

Telephone number: Date of birth:

Occupation:

section 3 – details of incident

Cause of accident/incident:

Date of accident/incident: Time:am/pm

Location of accident/incident (if different from home address):

Name of person who informed believe housing:

Date informed: How informed:

Reported to: Location/department:

Were there any witnesses to the accident/incident: Yes / No If yes, please give details:

Name: Address:

.....

..... Telephone number:

section 4 – details of fire/criminal damage

Did the fire brigade attend? Yes / No Date: Time:

Were the Police informed? Yes / No Date: Time:

Crime Reference Number obtained:

section 5 – details of injuries

Description of injury sustained:

Are photos available of the injury? Yes / No Date photo taken:

Was hospital treatment required? Yes / No Date of treatment:

Details of hospital attended including address:

.....

Was the family doctor consulted? Yes / No Date of treatment:

GP practice and address:

.....

Has a full recovery been made following the accident/incident? Yes / No

If no, please give details:

.....

Is further treatment required? Yes / No

If yes, please give details:

Does the injury relate to a reoccurrence of an old injury: Yes / No

If yes, please give details:

section 7 – own motor details

Vehicle make: Vehicle model: Vehicle CC:

Registration number: Driver’s name:

Driver’s address:

..... Postcode:

Description of damage to vehicle (please provide two estimates for repairs to vehicle):

Owner details (if different from above):

section 8 – other vehicle details

Was a believe housing motor vehicle involved in the incident? Yes / No If yes, please provide details:

Type of vehicle: Name of believe housing driver:

Registration number of believe housing vehicle:

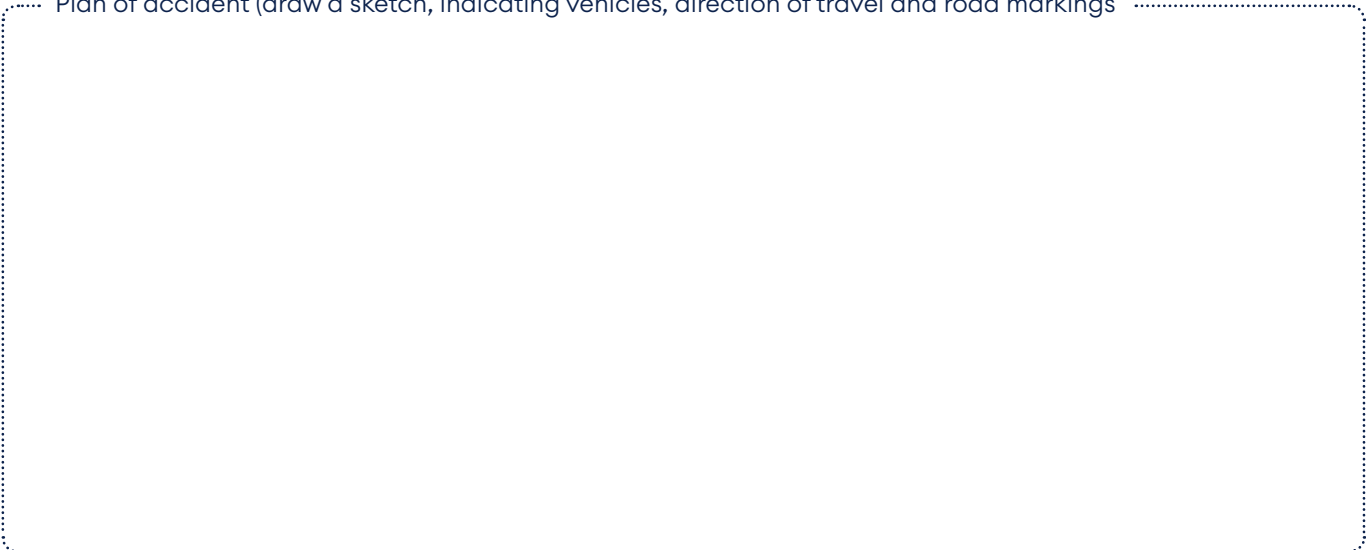
Was there another vehicle involved in the incident? Yes / No If yes, please provide details:

Type of vehicle: Registration number:

Name and address of other driver:

.....

Plan of accident (draw a sketch, indicating vehicles, direction of travel and road markings



section 9 – general information

Do you have private insurance cover, for example, home contents insurance? Yes / No

Name of insurance provider:

.....

Address of insurance provider:

.....

You are obliged to inform us of any insurance that may (or may not) cover the claim that you are making against believe housing.

Do you consider believe housing liable/responsible for the incident/injury? Yes / No

If yes, please give details:

declaration

I/we declare that all of the information provided is true and correct in every respect and that no relevant information has been withheld and no other claim has been made upon any other organisation or insurance company for the same incident.

Signed: Name (block capitals):

Date:

The making of a fraudulent or exaggerated claim is a criminal offence and may lead to prosecution. Please note any information may be shared with insurance companies and other relevant organisations.

Please note that it can take an average of 28 days to fully investigate a claim from date of receipt of a fully completed claim form.



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