

CLAIMS NOTIFICATION FORM
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Trading Name: (policyholder)	
Address & Postcode:	
Contact Name, Telephone Number and Email Address:	
Insurance Company:	
Policy Number:	
Confirmation of your current annual turnover:	£
Type of Claim:	
Date & Time of the Incident/Theft:	
Full details of the Incident/Theft: (E.g. What happened? How? When? What action has been taken so far and by whom? Your comments on liability, who you believe is responsible and why)	
Full details of the contract being worked on at the time of the incident: (Price, nature and duration)	
Are you VAT registered?	
Are you aware of any other policy that may cover this incident/accident? If so please provide details.	

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Third Party Damage/Injury

- Please ensure you include any photographs of the damage and if there are any damaged/faulty parts DO NOT dispose of these until advised to do so

Address of the Incident:	
Description of the property damage (e.g. Brief detail what damage has been caused by whom and how):	
Who owns the property?	
Age of the property:	
Value of the property:	£
Cost of repairs:	£
Pre accident condition:	
In the case of damaged/faulty parts, are they in your possession?	
What has been done to stop any further damage?	
Contact details of the injured person(s) (name address and telephone number):	
What injuries were sustained?	
Where was the injured person(s) treated? (if at hospital please provide the address)	

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Employee Injury

- Please include separately a breakdown of any sick pay received
- Please also include photographs of the injury and the area where the incident occurred

Contact details of the employee (Name address and telephone number):	
Address of the Incident:	
Full details of the incident:	
Details of any witnesses (Name address and telephone number):	
Employees date of birth:	
What immediate treatment did the employee receive and by whom?	
Did the employee attend hospital and did it involve being detained?	
Was the HSE contacted?	

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Theft / Malicious Damage to Owned / Hired Equipment and Materials

Please also include:

- Photographs of the damage caused during the break in/Theft
- Photographs of any parts damaged during the break-in/theft (locks/chains etc.)
- The original purchase receipts for the stolen items
- Replacement costs for the items stolen (quotes/estimates)

Address of the incident:	
Full details of the incident: (E.g. Time and date the items were last secured, how they were secured and by who. Time and date the theft was discovered and details of how entry was gained to the secured building, site or vehicle. Along with any other information you feel appropriate and the list provided)	
Details of any witnesses (name, address and telephone number):	
Are you the main contractor, if not please provide details of who is?	
Is evidence of forcible entry available? (Photos of the damage caused to gain entry) If so please provide these. If not please explain why?	
Was any equipment on hire, if so please provide details of the hire company?	
Value of stolen items (Total):	£
Value of damaged items (Total):	£
Contact details of the police station/officer dealing with the theft and your Crime Reference Number (CRN):	

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List of Items

Please number the items on both the original purchase receipts and the replacements costs to correspond with the list below

Item No.	Make/Model/Description	Date purchased	Amount paid	Hired or Owned?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				