



CLUB CONTENTS INSURANCE – PROPERTY CLAIM FORM

NOTES:

- 1. This Claim Form is only valid if the Association Club Venue is registered with the BAB
- 2. Each registered Club has cover for up to £1,654.00 worth of equipment
- 3. There is an excess charge of £250 for each and every loss.
- 4. Do not claim if damage/loss is less than £250
- 5. Principle exclusions: "wear and tear" and "losses from unattended/unlocked vehicles"

We (the insurers) recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary. In addition you should:

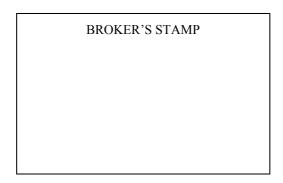
- telephone us if you need assistance
- undertake any temporary emergency repairs necessary to secure your property and prevent further damage
- retain all damaged items as we may wish to inspect them -provide all documentation in support of your claim (although you should not delay submitting this form in the event that the necessary documentation is not immediately to hand)

Please return the completed claim form to the BAB's Insurance Brokers for processing:

Endsleigh Insurances (Brokers) Ltd Hadley House, Shurdington Road Cheltenham, Glos GL51 4UE

Tel No: 01242 866789 Fax No: 01242 866961

Email: sports@endsleigh.co.uk







Your Details

Name:							
Policy / Certificate No:	(HISCOX) HU P16 1732213						
Correspondence Address:							
Risk Address (Club Venue):							
Telephone Number:							
Email address:							
Are you the:		owner		tennant		other (give details):	
Are you VAT registered?		yes		no			
Please provide details of the person note this person must be authorized						f it is not yourself. Please	
Name:							
Position / Title:							
Telephone Number:							
Email address:							
Circumstances of Loss							
Date of Loss:							
Location of Loss:							
Brief circumstances of loss:							
(continue on a separate sheet if necessary							





Have the police been notified?		yes		no)			
If 'yes' please give station and crime reference								
When was the property last occupied prior to the loss?								
Is there any other insurance covering the property concerned		yes		no)			
If "yes" please give details (continue on a separate sheet if necessary)								
Claim Details								
Full description of items lost or damaged	Name	e of the owner	Purchase price of item		Age of item	Amount claimed		
In the event that your claim is accepted and you would prefer us to pay funds straight into your account, please fill in the details below:								
Payment to be made by: (please	e tick pre	ference)						
Direct transfer to the ban	k accou	nt below:						
Name and Address of Bank:								
		Post Code:						
Account Name:								
Account Number:					Sort Code			
	<u> </u>		<u> </u>	<u> </u>	l	1 1	1	<u> </u>
Cheque made payable to	you							





Data Protection Act

By signing this Claim Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

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

I am also aware that the limit of any claim under this insurance policy is £1500 and that there is a £250 excess attributable to me, the claimant.

Name:		
Signature:	 Date:	