



## Property Claim Form

The Member of the Activities Industry Mutual or the Member's duly authorised representative should complete this form to notify the Mutual of a claim under the relevant section of the Cover Wording.

Please complete all relevant sections as fully as possible and attach additional pages if necessary together with copies of all relevant documents, quotes and invoices.

Please contact us if you have any questions in relation to completion of the form.

The completed Claim Form should be sent to:-

Activities Industry Mutual Ltd,  
Third Floor,  
Westcombe House,  
2-4 Mount Ephraim,  
Tunbridge Wells,  
Kent, TN4 8AS

Tel: 01892 888 475

Fax: 01892 891 886

Email: [claims@activitiesindustrymutual.com](mailto:claims@activitiesindustrymutual.com)

### A: Details of Member

**Member Name**

**Member Number**

**Address**

**Secondary Contact** (someone to deal with the claim on your behalf)



**Daytime Telephone Number**

**Evening Telephone Number**

**Email Address**

**VAT registered?**

**B. Details of Event**

**Date**

**Time**

**Date Discovered**

**Time (AM/PM)**

**Where did the event occur?**

**Is any Third Party to blame or partly to blame for the loss or damage? If so, please give name and address**

**Brief description of loss or damage (including cause)**



**C: Claims for loss by Burglary, Theft or Malicious Damage only**

Method of Entry

The extent to which the premises /items were protected from the loss or damage at the time of the occurrence, eg alarm, CCTV, locks or any other security.

Have the Police been notified? If so, please provide station, date and crime reference number if known.

**D: Details of Loss**

Please complete for all items being claimed for, attaching additional sheets as necessary

LOSS OF PROPERTY						
Description of property for which loss is claimed	Serial Nos of items	Current Replacement cost	Value of salvage (if any)	Date of purchase or acquisition	Amount of loss or damage claimed	
						£
						£
						£
						£
						£
						£
						£
						£
					<b>Total Amount Claimed</b>	£



Section D continued....

Damage To Property		
Description of property and scope of damage	Name of repairer (estimate/invoice to be attached)	Cost or repairs
		£
		£
		£
		£
		£
		£
		£
		£
<b>Total Amount Claimed</b>		£

**Note:**

VAT Invoices for repair or replacement must be submitted.

**Additional Information**



## USING PERSONAL INFORMATION

Activities Industry Mutual Ltd may receive personal information about you, if you are an individual, and about other people in the course of dealing with this claim. We may use the information for the purpose of handling and settling the claim and making recoveries from third parties. This may include giving personal information to others including our Managers, underwriters or re-insurers, loss adjusters and lawyers. Please make sure that you only give us sensitive personal information about other people with their agreement. We will deal with all personal information provided to us in compliance with the Data Protection Act 1998. An individual whose personal information we hold has the right to ask for a copy of the information and to have any inaccuracies corrected. We record telephone calls to make sure that we follow instructions correctly and for staff training purposes.

### Declaration:

I, (Please provide full name)

**\* Being the Member / On behalf of the Member, I declare the above information to be true and correct to the best of my knowledge and belief and acknowledge that Activities Industry Mutual may exercise its discretion to grant cover having regard to the information.**

\*Delete as applicable

**Signature**

**Date**

**It is a condition of the cover that it may be forfeited and claims rejected if any claim is found to be fraudulent, which includes being deliberately exaggerated, or if any false declaration or statement is made in support of it.**