

## PROPERTY LOSS/DAMAGE CLAIM FORM

Policyholder:	
Insurer:	
Policy Number:	
Broker Contact:	
Tel No:	
Email:	
Property Affected:	
Property Contact:	
Tel No:	
Email:	
Type of Loss:	
Date of Loss:	
Description of Incident:	
Property Lost/Damaged:	
Estimates Obtained?	
Original Purchase Invoices Available?	
Other Information: (including crime reference number and details of police station if applicable)	

**Please complete, save and return to:**  
**[claims@renovationunderwriting.com](mailto:claims@renovationunderwriting.com)**