

Dear Client

RE: PROPERTY DAMAGE

If you have suffered a loss which may be covered under the policy held by the McDonald Partnership with Axa Insurance Plc, SS PPP 6656720 please complete the enclosed for and return to Allison Donohoe, Harmer Healey Westinsure Ltd, 393 South Road, Sheffield, S6 3TD.

Please note that: -

- If your property has been maliciously damaged, you must report the matter to the Police as soon as possible.
- If the loss or damage is serious, please contact the McDonald Partnership or ourselves on the above number for advice.
- Emergency repairs should be carried out as soon as possible when they are needed to protect your property or prevent further damage. We will need invoices for the emergency repairs and a least **TWO** estimates for any other work which is necessary.
- Please do not dispose of any damaged property as the insurer may wish to inspect it.
- All invoices for work relating to a claim must be in the name of the relevant residents association.

We cannot process your claim without the following: -

- A Fully Completed Claim Form.
- **TWO** Estimates for the necessary repairs.

Please ensure that the claim form and estimates are returned together and not individually as this assists us with handling your claim more efficiently.

We trust this is satisfactory and should you have any queries please do not hesitate to ask.

Yours faithfully

HARMER HEALEY WESTINSURE LIMITED

AXA PROPERTY CLAIM FORM

Policyholder: -

THE MCDONALD PARTNERSHIP
Unit 7 Robert House
Acorn Business Park
Woodseats Close
Sheffield
S8 0TB

Tel. 0114 2802290

| | |
|---|--|
| | |
| Policy Number: | SS PPP 6656720 |
| Policy Excess: | £150 (£500 Excess applies for some risks, please refer to Policy Schedule) |
| Date of Incident: | |
| Time of Incident: | |
| Address where loss/damage occurred: | |
| Contact Name: | |
| Contact Address: | |
| Contact Numbers: | Home: <input type="text"/> Work: <input type="text"/> |
| Please state exactly how and where the loss or damage occurred: | |

| | |
|---|--|
| Name and Address of person(s) responsible for loss or damage (if applicable): | |
|---|--|

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|--|--|
| <p>For any Theft or Malicious Damage claims the incident must be reported to the Police.</p> <p>Please provide the address of Police Station where you reported the incident:</p> | |
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|-------------------------|--|
| Crime Reference Number: | |
|-------------------------|--|

Please complete the following sections if you are reporting a burglary or theft

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| If the burglary/theft was from a building, how was entry gained: | |
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|--|--|
| Were there any visible signs of forced entry to the building? If yes please provide details: | |
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| | |
|--|--|
| Was an intruder alarm system in operation at the time of the incident? | |
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|---------------------------------|--|
| Was the alarm system activated? | |
|---------------------------------|--|

Please complete the following section in all circumstances

| Description of property lost, stolen or damaged (including make and model): | Date of Purchase | Estimated Cost of Repair | Replacement Cost if not Repairable | Value of Estimates/Invoices submitted |
|---|------------------|--------------------------|------------------------------------|---------------------------------------|
| | | £ | £ | £ |
| | | £ | £ | £ |
| | | £ | £ | £ |
| | | £ | £ | £ |
| | | £ | £ | £ |
| | | £ | £ | £ |
| | | £ | £ | £ |

| | |
|------------------------------|--|
| Have you instructed repairs? | |
|------------------------------|--|

| | | |
|---|-------|--|
| If repairers have been instructed please provide details; | Name: | |
|---|-------|--|

| | | |
|---|-----------|--|
| | Cost (£): | |
| Please state who the settlement cheque should be made payable to: NB: Cheques will be made payable to The McDonald Partnership unless otherwise stated. | | |
| Do you hold any other insurance policies which may also cover this occurrence? If YES please give details as follows: - | | |
| Insurer: | | |
| Policy Number: | | |
| Sum Insured: | £ | |
| DECLARATION | | |
| <p>I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld from the insurer any information within my/our knowledge connected with this claim.</p> <p>I/we agree to provide the insurers with any further information or documentation as may be reasonably required. I/we understand that Norwich Union does not admit liability to the issue of this form.</p> | | |
| Signature: | | |
| Date of Signature: | | |

Please submit this form to: Harmer Healey Westinsure Limited
393 South Road
Walkley
Sheffield
S6 3TD

Tel: 0114 2324000
Fax: 0114 2816308

PLEASE ENSURE THAT YOU ENCLOSE TWO ESTIMATES FOR ANY REPAIR WORKS REQUIRED. ANY INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE SENDER.