



The Quadrangle, Imperial Square, Cheltenham, Glos. GL50 1PZ.
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bakers@towergate.co.uk

Insurance Claim Form Guidance Notes

At Towergate Bakers we understand making a claim can be a stressful time. We are here to help you, and aim to make the claims process as quick and smooth as possible.

By the time you have received this, it is likely that you have already reported your claim to us, and have spoken with one of our claims team, who will have explained what to do next. It is now necessary for you to complete and return the attached claim form; the following explains what information is required to do this, and why it is needed.

Should you have any questions about any aspect of your claim, please do not hesitate to contact our claims team on 01242 528844, or by email to claimsenquiries@towergate.co.uk, we will be pleased to help.

1. Your details

Policy & Reference Number – these can be found on the top right hand corner of your policy schedule or renewal confirmation.

Correspondence Address – the address at which you want us to write to you.

Risk Address – the storage address or address of the property insured by this policy, if the same as correspondence address mark N/A.

2. Details of the Park or Leisure Home, Static or Touring Caravan, Trailer Tent or Folding Caravan

Serial Number – the serial or CRiS registration number of the Touring Caravan.

3. Full details of how the loss or damage occurred

Please give as much detail as possible about how the incident occurred and what caused the damage, this will help us to deal with your claim as quickly as possible.

Date of Incident – if unknown enter date you first noticed the damage.

Location of Incident – the address at which the incident occurred, if the same as the risk address mark N/A.

4. In the case of theft, accidental loss or malicious damage.

The insurers require all such claims to be reported to the police, having done so, you should include the relevant police details under this section.

5. Details of the items for which you are claiming

It is essential that you tell us just what you are claiming for and what the likely costs will be.

Description – a short description of the item for which you are claiming; include make and model if known.

Amount Claimed – the amount you are claiming for each item, if you do not know the exact amount at this stage, please indicate an estimated cost.

6. Do you hold any other policies that may cover these items or this type of loss?

Please give details of any other policies you hold that may cover the loss for which you are claiming (for example a travel insurance policy).

7. Do you consider any third party to be responsible for the loss?

If you hold anyone responsible for the loss please enter details here, your insurers may ultimately be able to reclaim the costs of your claim from them or their insurers.

8. Were there any witnesses to the incident?

Enter details of any witnesses that are not members of your family.

9. Declaration and Consent to Handle

This confirms the information you have given is correct to the best of your knowledge and you understand we may ask for information from other insurers to check any answers you have provided. Without this confirmation we are unable to handle your claim. This section also asks for your consent to enable us to handle your claim on behalf of the Insurers. We believe that this will ensure that claims are handled quicker and more conveniently.

Supporting Documentation We Require

In most cases we require two estimates for repair works or replacement items. If any electrical equipment has been damaged we will need a damage report from a suitably qualified specialist stating the cause of damage and repair costs. If the item is deemed to be beyond repair we will require two estimates for its replacement with the nearest equivalent currently available.

If the items for which you are claiming have been lost or stolen then you should, where possible, provide original purchase receipts or proof of ownership, photographs are also helpful.

If your claim relates to frozen food we will not need estimates for replacement items. However, we will require you to complete in full the Frozen Food Claim List, itemising the items for which you are claiming and the cost of each item.

If you are unlucky enough to be making a claim of £5000 or over **and** it falls within 6 months from the date the policy started, the Insurers will also require your addresses for the last 5 years, including the length of time at each address.

What Happens Next

We aim to deal with all correspondence on the day it arrives into the office, and we will confirm its safe receipt no later than 5 working days after it has been received.

In some circumstances we will need to appoint a Loss Adjuster, they will then call you to arrange a suitable time to meet with you to discuss the claim and view any damage. We will advise you if this is necessary and provide you with the Loss Adjusters contact details. They will then handle the claim on behalf of us and the Insurers and any queries should be directed to them in the first instance.

If your claim totals £5000 or more we have to refer it to the Insurers for authorisation, in this instance we will receive correspondence from them in no more than 10 working days.



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Insurance Claim Form

We understand that you wish to claim under your Insurance Policy. To do so, you should complete both sides and return this form together with estimates for repair or replacement. Please note that your policy provides wide ranging cover and the risks you are insured against are listed in your policy. Before submitting your claim please check that the loss or damage is covered by your policy. If you are in doubt about any aspect of your claim, please contact us for clarification.

1. Your details:

Policy number: Reference No:

Policyholder name: Telephone No:

Correspondence Address: Email:

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Risk Address (if different):

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2. Details of the Park or Leisure Home, Static or Touring Caravan, Trailer Tent or Folding Caravan:

Make & Model: Age or Year of manufacture:

Serial Number (Touring Caravans only):

3. Full details of how the loss or damage occurred:

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Time of Incident: am/pm Date of Incident:

Location of Incident (if different to the risk address):

Was the Caravan in use or Home occupied at the time?: Y/N.

If Yes, by whom?:

If No, when was it last used or occupied ? :

4. In the case of theft, accidental loss or malicious damage:

Date you informed the police: Crime, lost property or incident ref:

Police station address:

5. Details of the items for which you are claiming (continue on a separate sheet if necessary):

Description: *Age of item/price paid:* *Amount Claimed:*

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6. Do you hold any other policies that may cover these items or this type of loss (e.g home contents or travel insurers)? If yes:

Insurer: Policy number:

Insurer address:

7. Do you consider any third party to be responsible for the loss? If yes:

Third party name & address:

Motor vehicle registration number: Driver name:

Third party insurer: Policy number:

Insurers address:

8. Were there any witnesses to the incident? If yes:

Witness name & address:

Important Notes:

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd. The aim is to help us check information provided and also to prevent fraudulent claims. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the register.

In assessing claims made insurers may also undertake checks against publicly available information as necessary such as electoral roll, county court judgements, bankruptcy orders or repossessions.

Some of the information which you give us about this claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them, and we may ask them to pay a contribution to this claim. A contribution payment is normal practice where two or more policies cover the same thing. If another company contributes to your claim with us, it should not affect any no claim discounts you may have with them.

9. Declaration and Consent to Handle:

I/we declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned. I/we understand that you may ask for information from other insurers to check the answers I/we have provided. I/we confirm that I/we authorise Towergate Bakers to handle my/our claim on behalf of the insurers

Signature: Date: