

HOUSEHOLD FASTTRACK CLAIM



TO ASSIST YOU IN COMPLETING THIS DECLARATION AND PREPARING YOUR CLAIM, PLEASE READ THE GUIDANCE NOTES OVERLEAF.

If you have any questions, or require any assistance, please do not hesitate to contact your broker (if you have one) in the first instance. Alternatively, you can contact our Claims Team who will be happy to discuss.

Post: PO Box 160, St Peter Port, GY1 4EY
Tel: 01481 713322 (switchboard)
Email: icci.claims@insurancecorporation.com
Web: www.insurancecorporation.com

NAME(S) POLICY NO/BROKER
CONTACT NO EMAIL ADDRESS
ADDRESS

DATE OF INCIDENT OR DATE OF DISCOVERY (CAN BE APPROXIMATE) CIRCUMSTANCE
OF LOSS/THEFT/DAMAGE

DESCRIPTION OF ITEM(S) LOST/STOLEN/DAMAGED (INCLUDING AGE) AMOUNT(S) CLAIMED (£)

DID THE LOSS/DAMAGE OCCUR WITHIN THE BOUNDARIES OF YOUR HOME?	YES	NO
DO THE ITEMS BELONG TO YOU (OR A PERMANENT MEMBER OF YOUR HOUSEHOLD)?	YES	NO
DO YOU RENT THE PROPERTY THAT YOU LIVE IN?	YES	NO
HAD YOUR HOME BEEN UNOCCUPIED >30 DAYS WHEN THE LOSS/DAMAGE OCCURRED?	YES	NO
HAVE YOU SUFFERED ANY OTHER LOSSES DURING THE PAST 5 YEARS?	YES	NO

IF 'YES' PLEASE GIVE DETAILS

PLEASE NOTE: ALL CLAIMS INVOLVING LOST ITEMS, THEFT OR MALICIOUS DAMAGE MUST BE REPORTED TO THE POLICE

POLICE STATION NAME INCIDENT NO/REF

DATE REPORTED WHO REPORTED

IF DAMAGE WAS CAUSED BY A THIRD PARTY, PLEASE PROVIDE CONTACT AND INSURANCE DETAILS, IF KNOWN FULL NAME(S):
HOME ADDRESS:
INSURER/BROKER:

OTHER THIRD PARTY INFORMATION (VEHICLE REGISTRATION, POLICY NUMBER, TELEPHONE, EMAIL)

IS THE LOSS/DAMAGE COVERED UNDER ANY OTHER INSURANCE POLICY E.G. BUILDINGS OR TRAVEL INSURANCE? INSURANCE TYPE:
INSURER/BROKER:
POLICY NUMBER:

I/WE DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE CLAIM THE AMOUNT ABOVE IN RESPECT OF THE ITEMS MENTIONED.

Fair Obtaining Notice:

Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer insurance including the terms, via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this declaration, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

SIGNATURE

DATE

PRINT NAME

USEFUL INFORMATION & GUIDANCE NOTES

REQUIRED DOCUMENTATION

We will generally require the following documentation to process a claim:

- Proof of the extent/nature of damage (e.g. repairer's report, photo)
OR Proof of purchase for lost/stolen items (e.g. purchase receipt, photo)
- Description or specification of the lost or damaged item (e.g. model details for electronics)
- Costs for repair/replacement on a like-for-like basis where possible
OR receipt/invoice if replacement item has already been purchased

(Claims over £1,000 in value will require 2 comparative costs, and will not be dealt with under the FastTrack claims process)

We are happy to accept scanned copies, therefore please retain any original documents for your own records.

PLEASE NOTE: This summary of required information is provided as a guide only, and we reserve the right to request additional information, or undertake further enquiries as appropriate. If there is some information you cannot provide, it does not necessarily mean that we cannot process your claim, but please provide as much detail as possible.

PAYMENT METHOD

Once we are in a position to issue payment of your claim, we are able to offer settlement by direct bank transfer. (Please fill in your account details below).

ACCOUNT NAME:

ACCOUNT NUMBER:

SORT CODE:

JOINT NAMES

If your policy is held in joint names, then payment will also be issued in joint names unless otherwise specified. In order to issue payment to one policyholder only, we will require consent from any other policyholders noted on the policy - by having them complete the mandate below:

I/WE GIVE MY/OUR CONSENT FOR ANY AND ALL PAYMENTS IN RESPECT OF THIS CLAIM TO BE ISSUED IN THE SOLE NAME OF:

SIGNATURE(S)

DATE

PRINT NAME(S)

CLAIMS SERVICE STANDARDS

- We aim to review and respond to all FastTrack claims within 2 working days of receipt by our office
- Once a claim is accepted, payment will be processed and issued within 2 working days
- If we are unable to meet these service standards for any reason, we will let you know as soon as possible