## RIDING CLUB PROPERTY CLAIM FORM

## Please note; the issuance of a claim form does not constitute Underwriter's acceptance to indemnity in respect of any losses

Section 1 - General Information						
Point of Contact (If different from above):						
Address:						
	Post Code					
Telephone:						
Policy No:						
Do you have any other insurance covering this Incident?						
Section 2 - Claim Information						
Incident Date & Time:						
Please give details of where the accident occurred:						
When & By Whom was this Discovered?						
State fully how the loss or damage happened?						
Please give a full description of property lost or damage						
When & Where was the property la	st seen?					
In whose custody was the property at the time?						
What steps have you taken to trace	the property?					

Section 2 - Claim Information Continued						
Where the premises where the loss occurred occupied?				Yes No		
Please note that for all theft claims the police must be notified.						
Name of Attending Police Officer & Number:						
Name of Attending Police Officer & Number.						
Please give full address of Police Station:						
			F	Post Code		
Crime Reference No:						
	_					
Have the Police made any arrests/recover?  YesNo						
Section 3 - Statement of Loss Damage						
Item Lost/Damaged Date Purchased		Where Purchased	Cost of Repair	Cost of Replacement		
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			TOTAL			
Please note: if you do not comple	ete this form fully i	t mav be returned	to you for comi	pletion causing delays in submission of		
your claim to Underwriters						
Section 4 - Assured's Declaration						
I/WE DECLARE THAT THE PARTICULARS AND ANSWERS GIVEN ABOVE ARE TRUE AND COMPLETE IN EVERY RESPECT.						
Signature of Assured:On Behalf of :						
Dated:						