



CLAIM FORM

Please complete this form in FULL and return it to us without delay. Forms may be returned by e-mail to: claims@cosic.co.uk or by post to the Church of Scotland Insurance Services Ltd, 121 George Street, Edinburgh, EH2 4YN

FOR OFFICE USE ONLY

DATE RECEIVED:
POLICY NUMBER(S):

EXCESS:
OUR REF:

GENERAL INFORMATION

Scheme Reference			
Name of Insured			
Contact Name		Position	
Address for Correspondence			
Telephone No (day)			
Mobile No			
E-Mail address			

DETAILS OF LOSS

Date of Loss			
Date and time of discovery			
Who discovered the loss?			
Location of loss or damage			
Describe fully what caused the loss			
Were the premises occupied at the time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Not, on what date and time and by whom were they last occupied?
Are you the sole owner of the property lost or damaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Not please provide the details of any person or entity who has an interest:
Did the Fire Brigade attend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If a Manse building has been affected please advise if the building is still habitable	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

THEFT OR MALICIOUS DAMAGE (required additional information)

When were the Police advised?			
Police Crime Reference			
Name of Police Station & Officer			
If the loss involves theft of metal from the building please confirm the following			
Have you registered with SmartWater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you applied SmartWater solution to your metal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you displayed SmartWater signage at your premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

THIRD PARTY INVOLVEMENT

Is there any reason to believe that the loss or damage arose through the action of a third party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes please provide details including car registration if a vehicle has been involved?
---	------------------------------	-----------------------------	--

DETAILS OF THE LOSS (continued)**PLEASE READ CAREFULLY**

- 1)** In this section please provide the **specific information** requested concerning the property that has been lost, damaged or stolen. Please use the continuation sheet or a separate sheet if necessary to provide any further or additional information.
- 2)** It is **permissible to proceed with emergency repairs** to prevent any further loss but until instructions are received from the insurer or loss adjuster all salvage should be retained. It is also advisable to also take some digital photographs of the loss before any remedial work is undertaken.
- 3)** It is important to pass to us a **competitive tradesman's estimate(s)** for the repairs as soon as possible. The estimate(s) should be **split between labour and materials** for each element of the work.
- 4)** For contents the amount(s) claimed should be the **current replacement cost**. Please provide full details of each item and information to substantiate the amount claimed e.g. purchase receipt; advice from a retailer regarding replacement cost, etc.

BUILDINGS

Specify separately each room or building damaged and how occupied at the time	Age of building or damaged fixture or fitting	Date when last renovated, decorated, repaired or replaced	Estimated cost of repair/replacement	Amount claimed including VAT

CONTENTS

Description of the item(s) lost or damaged	Make and model	Year of make	Estimated cost of repair/replacement	Amount claimed including VAT

ANY OTHER LOSS

Please provide details of any other type of loss: Loss of Revenue/ Glass/ Money/Goods in Transit/ etc.	Amount claimed including VAT

VALUE ADDED TAX

Are you VAT registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes please provide details:
-------------------------	------------------------------	-----------------------------	--------------------------------

I/we declare that the above is a full and accurate statement and I/we therefore claim the sum of £
the amount due in respect of the loss or damage to the property detailed

Signature	Date
Position Held	

CONTINUATION SHEET

(Please provide any additional relevant information in respect of the loss/claim)