photoguard™

Photoguard Theft Claim Guidance Notes

Please complete and return the claim form to us, together with your supporting documentation as appropriate. You should not make any attempt at replacement or repair, without our written authorisation. Any receipts, estimates, photographs or valuations should be obtained at your own expense.

Please note we cannot commence dealing with a claim until we are in receipt of ALL the necessary documentation. This claim form should be returned to us **within 30 days** of issue together with the appropriate documentation outlined in the following notes, otherwise the file **will be closed.** Not receiving all of the information required, will delay the handling of your claim.

Dependent upon the circumstances of the claim the underwriters reserve the right to request any additional documentation or information in addition to that detailed here, in order to verify a claim.

JLT | Online, will be responsible for handling your claim with the authority of your insurers, and in respect of all aspects of the assessment and processing of your claim, we will be acting at all times on the insurers behalf.

Please note the information contained in this document is for guidance only and does not indicate acceptance of a claim. The contents do not form part of the contract of insurance.

Contact details

Claims hotline:	02476 851050
Claims fax:	02476 851055
Claims email:	claims@jltonline.co.uk

Address

JLT | Online Claims Department
Pavilion House
Mercia Business Village
Westwood Business Park
Coventry
CV4 8HX

Claims department opening hours: 9.00am to 5.30pm (Monday to Friday)

Important notice for customers who pay by Direct Debit:
Do not cancel your direct debit. Not paying your premium could affect your claim and future cover.

What you need to send us

For **all photo theft -** make sure you have enclosed the following:

- Completed claim form ☐
- Original purchase receipt for equipment or bank/ credit card statement showing purchase ☐
- Details of previous insurers ☐
- Details of previous claims/ incidents ☐
- Details of household insurers ☐
- Details of any witnesses ☐
- Please provide copies of proof of ID e.g. passport, driving licence ☐
- Please provide copies of verification of address e.g. utility bill, bank/ credit card statement with account number details blanked out ☐
- All details from relevant section below ☐

In addition - where applicable

Was the theft from:

Insured location

↓

Enclose picture of any damage caused by thieves when accessing the property

↓

Receipt for repair work

Away from the insured location

↓

Enclose picture of any damage caused by thieves when accessing the property

↓

Contact details of any witnesses

A vehicle

↓

Enclose photos of any damage to the vehicle caused by thieves when accessing the vehicle

↓

Copy of valid road tax disc, insurance certificate, MOT certificate

↓

Details and documents relating to car security system

Outside UK

↓

Enclose evidence of travel e.g. tickets, visa

↓

Travel insurance policy documents

↓

Copy of police reports

↓

Details of all other trips outiside of the UK in last 12 months

photoguard™ Property Theft Claim Form

Office use only
Policy no_____
Claim ref_____
Issue date_____

PLEASE READ THE GUIDANCE NOTES PROVIDED BEFORE COMPLETING THIS CLAIM FORM

Section 1 - Your details

Title:_____
Full name:_____
Sex: Male / Female
Occupation: _____
Home address: _____
_____
_____
_____
Postcode:_____

Insured location (if different)**:** _____
_____
_____
_____
Postcode:_____

Home telephone:_____
Work telephone:_____
Mobile number:_____
E-mail:_____
Fax number (if available)**:**_____

1. Have you made any photo related claims (whether paid or not) or suffered any events that may have given rise to a claim, within the last three years?
Yes / No
If yes please provide details
_____
_____
_____
_____
_____
_____
_____

2. Have you ever been convicted of any offence involving dishonesty, fraud, arson, or have prosecutions pending?
Yes / No
If yes please provide details
_____
_____
_____
_____
_____
_____
_____

3. If your claim is for theft from a vehicle, do you have a motor insurance policy which may also cover all or part of the incident?
Yes / No
If yes:
Policy number: _____
Name of insurers: _____
Contact details: _____
_____
_____

4. If your claim is for theft from outside of the UK, do you have a travel insurance policy which may also cover all or part of the incident?
Yes / No
If yes:
Policy number: _____
Name of insurers: _____
Contact details: _____
_____
_____

5. If your claim is for theft from your home/ premises, do you have a home/ premises insurance policy which may also cover all or part of the incident?
Yes / No
If yes:
Policy number: _____
Name of insurers: _____
Contact details: _____
_____
_____

6. Have you had previous insurance other than with JLT | Online / Photoguard for your equipment?
Yes / No
If yes
Policy number: _____
Name of insurers: _____
Expiry date: _____
Contact details: _____
_____
_____
_____

If no
what prompted you to take out cover?
_____

Section 2 - Incident details

7. Please tick what your claim is for

Theft ☐

Other (please specify): _____

8. Date of incident (dd/mm/yy): ____ /____ /_____

9. The times between which the property was stolen

Time: from: _____am/pm to: _____am/pm

10. When was the property last seen by you?

Time: _____am/pm Date: ____ /____ /_____

11. When was the theft discovered?

Time: _____am/pm Date: ____ /____ /_____

12. Where did the incident occur?

13. State exactly how the incident occurred?

14. Where was the property stored and how was it secured at the time of the theft?

15. Who had access to the stolen property at the time of the incident?

Section 3 - Theft from insured location (complete if applicable)

16. How was access gained to the premises?

17. Was your home/the premises unfurnished or unoccupied at the time of the incident?

Yes / No

If yes, when was the home/ the premises last occupied?

18. Is the home/ the premises rented?

Yes / No

If yes, please give contact details for the landlord

Name of landlord: _____

Contact details: _____

19. Was any part of the home/ the premises lent, let or sub - let?

Yes / No

If yes, please give details

Section 4 - Theft from other premises (complete if applicable)

20. Type of premises

Office ☐

Bar/ Restaurant ☐

Hotel ☐

Studio ☐

Other (please specify): _____

21. Please provide contact details for the manager/ owner of the premises

Name of manager/ owner: _____

Contact details: _____

22. How was access gained to your property?

Section 5 - Theft from a vehicle (complete if applicable)

23. Please confirm the make, model and year of manufacture of the vehicle.

Make: _____

Model: _____

Year: _____

24. How was access gained to the vehicle?

_____

_____

25. Were any security devices fitted and in operation at the time of the incident?

Yes / No

If yes, please provide details

_____

_____

_____

_____

_____

Section 6 - Police Information

26. Date & time the incident was reported to the police:

Time: _____am/pm Date: ____ /____ /_____

27. How was the incident reported?

By phone ☐

Online ☐

In person ☐

28. Address of the police station where the incident was reported: _____

_____

_____

_____

29. Telephone number of the police station where the incident was reported:

_____

30. Crime reference number given by the police:

_____

31. Did the police attend the scene of the crime?

Yes / No

32. If the police were not advised immediately the incident was discovered please confirm the reason for any delay: _____

_____

_____

_____

_____

_____

_____

_____

Additional information

Please complete the equipment details form overleaf

DECLARATION

I/we declare that the information provided in this claim form is true to the best of my belief and knowledge. I/we have not withheld any information within my/our knowledge connected with this claim. I/We accept that if I/We exaggerate any part of this claim, or make any false declaration or statement, I/We shall not be entitled to receive any benefit under this policy in respect of this claim. Furthermore, I/We accept that any such action on My/Our part may render Me/Us liable to prosecution. I/We further agree to provide any further information or documentation as may be reasonably required. I/We understand that you may seek information from other insurers to check answers that I/We have provided.

Signed by the policyholder(s): **Dated:**

IMPORTANT NOTICE: Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims Underwriting Exchange register operated by Insurance Datatype Services Ltd. A list of participants is available upon request. The information you supply on this form, together with the information you have supplied on your insurance and any other information related to the claim, will be supplied to participants.

Please return this form to: JLT | Online Claims Dept, Pavilion House, Mercia Business Village, Westwood Business Park, Coventry, CV4 8HX

Equipment details

Total value of the claim as estimated by you: £

Item	Make	Model	Colour	Serial number	Date of purchase (dd/mm/yy)	Place of purchase	Original purchase price £	Estimated replacement cost £
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

* if you have any more items, enclose on a seperate sheet