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INNOVATIVE INSURANCE

CLAIM FORM

PRODUCTS (EFFICACY)

Underwriting Agent . Lloyd's Broker

Registered Office: 50 Fenchurch Street, London. EC3M 3JY. Registered No. 608819 in England and Wales
Authorised and Regulated by the Financial Conduct Authority : FRN 121476

PRODUCTS (EFFICACY) CLAIM FORM

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND AS FULLY AS POSSIBLE, USING ADDITIONAL SHEETS IF NECESSARY. COPIES OF RELEVANT DOCUMENTATION SHOULD BE ATTACHED.

If you do not understand any terms in this form, please contact us for further information or visit www.camberfordlaw.com/glossary

THE INSURED

Policyholder Name:		
Policy Number:		
Occupation:		
Policyholder Address:	Post Code	
Daytime Telephone Number:		
Email Address:		
Are You VAT Registered?		YES/NO

THE EVENT

Date and Time:	am/pm	
Location:		
State fully the circumstances of the loss/damage:		
Has a claim been made against you?		YES/NO
If YES, please forward all particulars and correspondence		
Name and Address of Third Party (Customer):	Name: Address: Post Code	
Type of Incident: (Break-in/Other):		
Reported by:		
If Police or Central Station, please give details:		

INSURED'S REPRESENTATIVE

Incident reported to:		
In Attendance:		
Type of Alarm System (or Product):		
Is the Alarm System hired or sold to the Customer?		
When was the Alarm installed?		
Was the Alarm installed by you or your Employees?		YES/NO
If NO, please state name and address of the Installer:		
State if work carried out on your instructions:		YES/NO
Did the System function properly?		YES/NO
Did the Alarm sound?		YES/NO
If NO, please provide explanation:		
Any additional protection necessary/planned:		
Brief Report regarding break-in (where premises entered, goods stolen etc):		
State of Control Panel on arrival:		SET/UNSET
Did you interrogate the Memory facility on the System?		YES/NO
System set at time of break-in:		SET/UNSET
Date and Time set:		am/pm
Name of person who set the Alarm:		
Date and Time of break-in:		am/pm
Discovered by:		
Date and Time of Police Attendance:		am/pm
Extent of Loss (if known):	£	

Reason for non-operation of the System:	
If Central Station call made, quote details, date and time recorded:	
Action taken by Insured's Representative:	
Statement:	

DOCUMENTS REQUIRED

The following items (or copies) should be forwarded with the Report Form:

i)	Complete Service History and specifications of the system.
ii)	Engineer's Report of system on date of Incident or immediately thereafter.
iii)	Signed Contract.

DATA PROTECTION

HOW WE WILL USE YOUR DATA

The Basics:

Camberford Law plc, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights:

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

www.camberfordlaw.com/privacy

Contact Details:

Camberford Law plc
Data Protection Officer
50 Fenchurch Street
London
EC3M 3JY

DECLARATION

The submission of a fraudulent or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a Claim, may invalidate the whole claim and lead to your Policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this Claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

NAME (PRINTED):	
POSITION:	
SIGNATURE:	
DATE:	