

CLAIM FORM

Please complete the questions below as fully as possible and forward this form, together with any estimates and receipts to caravanclaims@devittinsurance.com or alternatively please send to: **Caravan Cover Claims, Devitt Services Ltd, North House, St Edwards Way, Romford, Essex, RM1 3PP**

To help us improve our claims service we may contact you for feedback.

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

TYPE OF CLAIM:

<input type="checkbox"/> Accident on a Road / Motorway	<input type="checkbox"/> Theft of contents	<input type="checkbox"/> Damage to awning
<input type="checkbox"/> Accident involving a Third Party	<input type="checkbox"/> Break in	<input type="checkbox"/> Fire
<input type="checkbox"/> Accident at Home/Resort/Other	<input type="checkbox"/> Malicious damage	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Storm/Hail damage	<input type="checkbox"/> Window/Glass	<input type="text"/>

PERSONAL DETAILS (INSURED):

Title:	Mr/Mrs/Miss/Ms	Forenames:		Surname:	
Address:					
				Date of Birth:	
Telephone (Home):				Mobile:	
Email:					
Preferred method of contact:	Email / Telephone / Letter				
Profession / Occupation:					

COVER DETAILS:

Cover Number:		Renewal Date:	
Limit of cover (section 1) £			
Limit of cover (section 2) £			

If possible please include current schedule

CARAVAN DETAILS:

Make:		Model:		Year:		Axles:	Single/Twin
CRIS VIN Number (or Serial/Chassis number):							
Make & model of towing vehicle:							
Registration number:							
In the event of serious damage which could result in the caravan being written off, please complete the below section:							
Date of purchase:		Price paid:		Current estimate value:			
Purchased from:	(Please attach original invoice or receipt)						
Details of any non standard fixtures, fittings or modifications:							

CARAVAN DETAILS CONTINUED:

Have you removed your personal possessions from the caravan?	Yes/No
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Please note if your caravan is beyond economical repair and is incurring storage charges we will move your caravan to a free storage facility.

DETAILS OF CLAIM:

Date of occurrence:	Time:	Location:
Description of Circumstances:		
(Continue on separate sheet if necessary)		
Name & address of third party (if applicable):		
		Registration Number:
Name & address of independent witness (if applicable):		

DAMAGE TO CARAVAN:

Brief details of damage sustained:	
Address where caravan may be inspected:	
Is your caravan due to be sold or part exchanged within the foreseeable future?	Yes/No
(if Yes, give full details:)	

Please attach at least one written repair estimate from a repairer of your choice and include photos or a sketch of the accident scene &/or the area of damage.

THEFT OF CONTENTS OF EQUIPMENTS

When was the loss discovered?	Date:	Time:	By whom:
When was the caravan last seen intact?	Date:	Time:	By whom:
Address where the caravan was when the theft/loss occurred?			
Was the caravan fully closed & locked?	Yes/No	(if No, give full details:)	
How was entry obtained?			
When was the theft reported to the police?	Date:	Time:	By whom:
Address of police station concerned:			
Name of officer dealing with case:			Crime Report No:

