

U M ASSOCIATION LIMITED

PROPERTY CLAIM NOTIFICATION FORM

Please send completed form together with all relevant correspondence to:

U.M.Association Ltd
5 St Helen's Place
London
EC3A 6AB

Telephone:0207 847 8670 Fax :0207 847 8689 E-mail:Aidan.Harvey@umal.co.uk

Member's Name

Member's Claim Ref.

For this Claim, are you registered for VAT?

Yes	No
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If "Yes", can you recover input tax ?

Yes	No
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1. INCIDENT DETAILS:

a) Date of incident

Time

 am/p.m.

b) Exact location
of incident and
occupancy.

c) Cause of loss /
How did the
Incident occur?

d) Is any third party
implicated in the
loss? If so, please
provide details

2. Complete this section if the loss involves Theft, Attempted Theft, Damage by Theft or Vandalism / Malicious Damage.

a) Were the premises entered forcibly?
If "No", what evidence is there that
a theft has actually occurred?

Yes/No

b) Please state to which Police
Station you reported the loss.
Include Crime Reference and
name(s) of officer(s).

Has any action been taken by the Police? If "Yes", please give details

Yes/No

c) Method of Entry: Forced Entry - Door Window

Other (Specify)

Walk-in Walk-in by deception

d) Time of Loss: Weekday Week-end Bank Holiday

Term/Semester Vacation

e) Place of Loss:

Computer room Laboratory

Individual's room Car

Office Accommodation

Store Room Field Trip

Other (specify)

Dept. involved

Were the premises occupied?
If "No" for how long were the premises unoccupied?

f) Are the premises protected by alarm?

Yes/No

If "YES", did the alarm operate correctly?

Yes/No

If "YES", did the Police respond promptly?

Yes/No

g) Is there any CCTV footage of the incident?

Yes/No

3. Complete this section if the loss involves Fire.

Was the damage due to: Electrical Fault Smoking Materials

Natural occurrence Arson/Deliberate Unknown

Under investigation Other (specify)

PLEASE PROVIDE ALL SUPPORTING DOCUMENTS INCLUDING INTERNAL REPORTS ON THE INCIDENT, WITNESS STATEMENTS, PHOTOGRAPHS, SKETCHES /SITE PLANS ETC.

4. LOSS DETAILS:

a) Are you the sole owner of the property involved? If "No", please give Owner's name and address

b) Are there any other coverages on the property involved? If "Yes", please give details.

c) Extent of damage to Buildings and estimate of cost of reinstatement.

d) Lost/ damaged contents:

Computer Equipment:
Please specify items:

Audio Visual Equipment:
Please specify items:

Other items:
Please specify items:

PLEASE PROVIDE EVIDENCE OF ORIGINAL PURCHASE OF LOST OR DAMAGED ITEMS. IF ITEMS ARE INCAPABLE OF ECONOMIC REPAIR PLEASE PROVIDE EVIDENCE OF REPLACEMENT PURCHASE.

Please Print Name: **Position:**

Signed: **Date :**