

Guiding Property and Equipment Policy Claim Form

IMPORTANT

Please read this document carefully before completing it. All questions in each relevant section must be answered fully, as failure to do so will result in delays whilst the form is returned to you for completion. In particular, you must provide an accurate description of make, type, size, etc. in the statement of claim section.

PLEASE COMPLETE THIS SECTION BEFORE RETURNING THIS BOOKLET

Unit _____

Unity reference _____
(as detailed on your current Certificate of Insurance)

We were sorry to hear of your recent loss. We will attempt to effect a speedy settlement of your claim and in this respect we should be grateful if you would note the following:

In cases of loss/damage to equipment, remember that replacement should be calculated on a 'new for old' basis, except for tentage over five years old (depreciates at 5% per annum from fifth year onwards). We recommend that, where camping and outdoor equipment is concerned, you should contact a suitable supplier such as Trading or Scout Shops and ask for their Price List, to value lost items.

Wherever possible, settlement of claims for equipment will be by replacement of the actual items rather than in cash. This will avoid the Unit needing to purchase the items themselves, and then having to supply us with paid invoices as proof of purchase. Once the claim has been assessed and proved, we will write and advise you:

1. The agreed value of settlement.
2. Your contribution required (i.e. Excess, depreciation, etc.).
3. Any items which we cannot obtain and which you will have to replace locally.

All repairs, in particular, building repairs, should be supported by at least two estimates. Where an item is damaged beyond repair, an independent statement to that effect must be submitted. The value of any salvage should be set against the claim.

Where a trailer is damaged beyond repair, an independent statement to that effect must be submitted. The value of any salvage should be set against the claim.

If, at any time after the loss, you become aware of any Police action or pending prosecutions, you should advise us immediately. If any lost or stolen equipment is subsequently recovered, this should also be notified.

Please note that the levels of excess applied to losses are determined by Underwriters each year, and advised to Units at renewal and/or at inception of the policy. These are not negotiable. Similarly, depreciation, where applicable, will be calculated in strict conformity with the policy wording.

NOTES:

1. This form must be completed and returned immediately to Unity Insurance Services, Lancing Business Park, Lancing, West Sussex, BN15 8UG. You should provide as much relevant information as possible.
2. In all cases of illegal entry, theft, or malicious damage, the loss must immediately be reported to the Police.
3. It is essential that the information given is accurate; if details are not within the knowledge of the person responsible for completing this claim form they should be confirmed. NO LIABILITY WHATSOEVER is admitted by the issue of this form, which is sent merely to facilitate consideration of the claim.

APPLICABLE TO ALL SECTIONS

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

DECLARATION

I hereby declare that all the information given in this booklet is, to the best of my knowledge, true and complete.

Tick to confirm

Signature _____ Date _____

Name _____

Guide Appointment _____

Applicants Address _____

_____ Postcode _____

Daytime contact number _____ Mobile number _____

E-mail address _____

PLEASE PROVIDE DETAILS OF TWO DAYTIME CONTACTS WHO WILL BE AVAILABLE TO MEET INSURER'S REPRESENTATIVES.

Contact 1

Name _____

Address _____

Postcode _____

Daytime number _____

Mobile number _____

Home number _____

E-mail address _____

Contact 2

Name _____

Address _____

Postcode _____

Daytime number _____

Mobile number _____

Home number _____

E-mail address _____

Remember to send, where appropriate, estimates for repair/replacement, accurate details under the statement of claim, invoices/receipts for any items already purchased.

Buildings and Contents/Equipment Claim Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

STATEMENT OF CLAIM - BUILDINGS AND CONTENTS

Date of loss _____ Time _____

Discovered by whom? _____ Place _____

Type of building

Type of loss (i.e., fire, malicious damage)

When discovered

Please provide brief details of loss/cause of loss:

If loss or damage occasioned by illegal entry state:
How was entry to the premises obtained?

Have the police been advised or other official enquiries made?

Name and address of police station incident reported to. Crime Reference No.

Have you any reason to suspect any particular person? If so, please give details which will be treated in confidence.

Buildings and Contents/Equipment Claim Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

STATEMENT OF CLAIM - BUILDINGS AND CONTENTS

Has any other person an interest in the property concerned? If so, give details

Is there any other insurance covering the property concerned? If so, give details

Has the unit made any previous claim under this insurance policy? If so, give details of the nature of the claim and the amount of settlement made

State whether all security protections required by Underwriters were in force at the time of loss or damage -

YES NO

Is the building secure and weatherproof? YES NO

N.B. You must take reasonable steps to prevent further loss/damage occurring to the building.
However, full repairs must not be commenced until Underwriters or their appointed representatives have agreed.

Was an alarm fitted? YES NO

Type? _____

Personal Effects and Money Claim Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

STATEMENT OF CLAIM - PERSONAL EFFECTS AND MONEY

Date of loss _____ Time _____

When discovered _____ By whom discovered _____

PLEASE STATE IN DETAIL

Type of loss (e.g. fire, theft , damage).

PLEASE PROVIDE FULL DETAILS OF HOW THE LOSS / DAMAGE / THEFT OCCURRED.

(Please specify location and whether from a building or vehicle).

If loss or damage was occasioned by illegal entry please state:

How was entry to the premises obtained?

To whom was the loss / damage / theft reported?

Please note that all losses should be reported to the local police and a report obtained.

Name and address of Police Station the incident was reported to.

_____ Crime reference number _____

Have you any reason to suspect any particular person? If so please give full details which will be treated in confidence.

Personal Effects and Money Claim Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

STATEMENT OF CLAIM - PERSONAL EFFECTS AND MONEY

There is a limit recoverable under the policy per member and per item.

Please identify the owner of the lost or damaged property, and their relationship with the Unit:

Has any other person an interest in the property concerned? YES NO

If so please give details.

Is there any other insurance covering the property concerned? YES NO

If so please give details.

Has the unit made any previous claims under this insurance policy? YES NO

If so please give details of the nature of the claim(s) and the amount of settlement made.

State whether all the security protections required by Underwriters were in force at the time of loss or damage YES NO

N.B. All losses or damaged property which occurred whilst in the custody of an airline should be reported and a property irregularity report obtained. This should be forwarded to Unity Insurance Services together with the ticket stubs.

If the article(s) were lost or stolen:

What steps were taken in the recovery of the article(s)?

Please provide any written evidence.

If article(s) damaged:

Please supply estimate for the cost of repairs or a letter from a reputable dealer confirming irreparably damaged. Please provide receipts - if not available please supply replacement estimates / invoices.

Cancellation and Abandonment Claim Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

STATEMENT OF CLAIM - CANCELLATION AND ABANDONMENT

You bear the burden in proving that a claim is covered by this section, that no warranty has been breached and that no exclusion applies. It is vital that you notify Unity Insurance Services at your earliest opportunity of your intent to make a claim under this section.

PLEASE STATE IN DETAIL

Date of loss _____ Time _____

When was the decision to cancel and /or abandon the event made:

Please confirm who was involved in the decision to cancel and/or abandon the event:

Location of event:

Please provide full details of the cause of the cancellation and/or abandonment, together with any supporting information from local authorities, police or weather information sources which may support your claim:

Is there any other insurance in place under which this loss may be recoverable ? YES NO
If so please give details.

Has the unit made any previous claims under this section of the insurance policy ? YES NO
If so please give details of the nature of the claim(s) and the amount of settlement made:

It is warranted that there are no circumstances known or suspected by you at the inception of this insurance which may give rise to a claim under this section. State whether you or the organising committee had any knowledge of these circumstances which have given rise to this claim before or at the inception of this policy:

What steps were taken to mitigate loss arising from the cancellation and/or abandonment ?
Please provide any written evidence.

Trailers Claim Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

STATEMENT OF CLAIM - TRAILERS

Date of loss _____ Time _____

Place of loss

Who discovered the loss?

Please provide brief details of the loss / cause of loss to the trailer, (eg., fire, theft, damage).

What was the trailer being used for at the time of loss?

If not in use, where was the trailer stored? Was this different to its usual storage location?

Was the loss reported to the Police, or have any other official enquiries been made; if so please provide name and address of the police station and crime number.

Is there any other insurance policy covering the trailer concerned?

Has the Unit made any other claims under this policy before now? If so please give the details of the loss(s) and details of the financial settlements made.

Please state whether all security precautions required by underwriters were in force at the time of loss. Please provide details of these security measures. Listing types of locks, immobilising systems.

Estimated value of the loss. _____

Motor No Claims Bonus Protection Cover Claim Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

STATEMENT OF CLAIM - MOTOR NO CLAIMS BONUS PROTECTION COVER

Date of loss _____ Time _____

Type of loss (e.g. fire, theft, damage).

Claim submitted under current Motor Vehicle Insurance policy ? YES NO

If "Yes" please state details of policy under which claim made:

Date claim submitted to Motor insurer and Motor Insurer's claim reference, if known:

Is there any other insurance covering the property concerned ? If so please give details.

Has the Unit made any previous claims under this section of their insurance policy. If so please give details of the nature of the claim(s) and the amount of settlement made.

Give details of No Claims Bonus lost for which a claim is being submitted:

Give details of additional "excess" payable in addition to loss of or reduction in NCB:

STATEMENT OF CLAIM - MOTOR NO CLAIMS BONUS PROTECTION COVER

Date of accident	Bonus loss or reduction	Excess contribution	Amount of shortfall

Total sum claimed £

Small Watercraft and Equipment Claim Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

STATEMENT OF CLAIM - SMALL WATERCRAFT OR ITEMS OF EQUIPMENT

Date of loss _____ Time _____

When discovered _____ By whom discovered _____

Type of loss (e.g. fire, theft, damage, piracy) _____

When was the craft last inspected prior to the loss ? _____

Please provide full details of how the loss / damage / theft occurred. (Please specify location of craft at time of loss).

If theft of craft, or theft from craft, how was entry to the vessel obtained? _____

To whom was the loss / damage / theft reported? _____

If loss or damage was occasioned by illegal boarding and theft please state _____

(Please note that all such losses should be reported to the local police and a report obtained.)

Name and address of Police Station the incident was reported to and crime reference number.

Have you any reason to suspect any particular person? If so please give full details which will be treated in confidence.

There is a limitation in the policy which excludes coverage for craft which exceeds 24 feet/7.31 metres in length. There is also limit recoverable under the policy per outboard motor of £500, sailboard of £500 and for any one craft or item of equipment of £2,500.

Please identify the owner of the lost or damaged property, and their relationship with the Unit:

Has any other person an interest in the property concerned? If so please give details. YES NO

Is there any other insurance covering the property concerned. If so please give details. YES NO

Has the Unit made any previous claims under this insurance policy. If so please give details of the nature of the claim(s) and the amount of settlement made.

If loss of outboard or gear stored or fitted aboard what security precautions or devices were in place at the time ?

Small Watercraft and Equipment Claim Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

STATEMENT OF CLAIM - SMALL WATERCRAFT OR ITEMS OF EQUIPMENT

State whether all the security protections required by Underwriters were in force at the time of loss or damage

YES

NO

IF THE CRAFT OR ITEM(S) LOST OR STOLEN:

What steps were taken in the recovery of the article(s)? (Please provide any written evidence.)

IF CRAFT ITEM(S) DAMAGED:

Please supply estimate for the cost of repairs or a letter from a reputable dealer confirming irreparably damaged. Please provide receipts - if not available please supply replacement estimates / invoices.

STATEMENT OF CLAIM - SMALL WATERCRAFT OR ITEMS OF EQUIPMENT

Quantity	PARTICULARS OF CLAIM Full Description of each item and to include name, date built, class or type, length, serial numbers, sail number.	Date of purchase	Original cost Price	Amount deducted for depreciation/ wear and tear	Amount claimed	Current cost

Total sum claimed £

