



**To report a new claim please phone 0845 6718171 or complete the form below and return to:**

Direct Group Property Services  
 Direct House  
 Lacy Way  
 Lowfields Business Park  
 Elland HX5 9DB

# Tenants' Contents Insurance Scheme Claim Form

## Office Use Only

Rent Ref. Number	<input type="text"/>	Date last premium paid	<input type="text"/>	Inception Date	<input type="text"/>
Name of Council/Housing Association	Today's Date		<input type="text"/>	Sum Insured	<input type="text"/>
<input type="text"/>	Validator Name	<input type="text"/>		Accidental Damage	Standard
	Validator Phone Number	<input type="text"/>		<input type="text"/>	<input type="text"/>

## Section 1 - Personal Details

Name

Address

Postcode

Phone: (Home)  Phone: (Business)  Phone: (Mobile)

## Section 2 - Details of Incident

Address at which loss occurred (if different from Section 1)

Postcode

Date of loss/damage  Time if known

When and by whom was the loss discovered?

How did the loss, damage or destruction occur? (If theft from building, give details of how entry was gained)

Did the Fire Brigade attend? Yes  No

## Please complete this section only in the event of Theft or Malicious Damage

Were the police notified? Yes  No

When and at what police station was the report made?

Date  Station Name and Address

Officer's Name and No:

Crime Ref. No:

Give details of any witnesses, providing names and addresses

