

**CLAIM FORM**

Please complete the questions below as fully as possible and forward this form, together with any estimates and receipts to [caravanclaims@crawco.co.uk](mailto:caravanclaims@crawco.co.uk) or alternatively please send to: **Caravan Cover Claims, Crawford & Co, Ashton House Central, 2nd Floor, Silbury Boulevard, Milton Keynes, MK9 2AH**

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:							
<b>In the event of serious damage which could result in the caravan being written off, please complete the below section:</b>							
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:

**CONTENTS/EQUIPMENT LOST, AWNING DAMAGED OR STOLEN:** (Please attached proof of ownership where possible)

Description	When purchased	Original cost price	Amount claimed (allow for age, wear & tear)

**The following sections MUST be completed on every occasion**

**FINANCE DETAILS:**

Is any of the property for which you are claiming the subject of any outstanding finance or hire purchase agreement?			
<b>Yes/No</b>	If yes, please answer the following questions:		
Loan in respect of:			
Name and address of finance company:			
Account number:			Date of agreement:
Amount of loan:	Period of loan:	Amount outstanding:	

**OTHER COVER:**

Any other cover? Including packaged bank account, add ons, gadget cover and Travel Insurance.
<b>Yes/No</b> (If yes, please give full details below)

**DECLARATION:**

I/We declare that the information given on this form is true and accurate to the best of my/our knowledge and belief.  
 I/We understand that any claim to obtain benefit that is fraudulent or exaggerated may result in no payment of claim and your cover will be invalid from the date of claim.  
 I/We agree that, by submitting this form, the personal information I/WE provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Caravan and Motorhome Club Privacy Policy found at [www.caravanclub.co.uk/privacy-policy](http://www.caravanclub.co.uk/privacy-policy)  
 I /We understand that if the caravan is written off, any outstanding payments due for the remainder of the cover period will need to be paid to the Club prior to a settlement offer being issued.

Signature (s) \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_