



## CLUB CONTENTS INSURANCE – PROPERTY CLAIM FORM

### NOTES:

1. **This Claim Form is only valid if the Association Club Venue is registered with the BAB**
2. **Each registered Club has cover for up to £1,654.00 worth of equipment**
3. **There is an excess charge of £250 for each and every loss.**
4. **Do not claim if damage/loss is less than £250**
5. **Principle exclusions: “wear and tear” and “losses from unattended/unlocked vehicles”**

We (the insurers) recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary. In addition you should:

- telephone us if you need assistance
- undertake any temporary emergency repairs necessary to secure your property and prevent further damage
- retain all damaged items as we may wish to inspect them -provide all documentation in support of your claim (although you should not delay submitting this form in the event that the necessary documentation is not immediately to hand)

Please return the completed claim form to the BAB’s Insurance Brokers for processing:

**Endsleigh Insurances (Brokers) Ltd  
Hadley House, Shurdington Road  
Cheltenham, Glos GL51 4UE**

Tel No: 01242 866789

Fax No: 01242 866961

Email: [sports@endsleigh.co.uk](mailto:sports@endsleigh.co.uk)

BROKER’S STAMP



**Your Details**

Name:	
Policy / Certificate No:	(HISCOX) HU P16 1732213
Correspondence Address:	
Risk Address (Club Venue):	
Telephone Number:	
Email address:	
Are you the:	<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> other (give details):
Are you VAT registered?	<input type="checkbox"/> yes <input type="checkbox"/> no

Please provide details of the person we should contact regarding this matter if it is not yourself. Please note this person must be authorized to discuss this incident on your behalf.

Name:	
Position / Title:	
Telephone Number:	
Email address:	

**Circumstances of Loss**

Date of Loss:	
Location of Loss:	
Brief circumstances of loss: (continue on a separate sheet if necessary)	



Have the police been notified?

yes  no

If 'yes' please give station and crime reference

When was the property last occupied prior to the loss?

Is there any other insurance covering the property concerned

yes  no

If "yes" please give details  
(continue on a separate sheet if necessary)

**Claim Details**

Full description of items lost or damaged	Name of the owner	Purchase price of item	Age of item	Amount claimed
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
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In the event that your claim is accepted and you would prefer us to pay funds straight into your account, please fill in the details below:

**Payment to be made by:** (please tick preference)

Direct transfer to the bank account below:

Name and Address of Bank:	<input style="width: 100%; height: 40px;" type="text"/>																
	Post Code: <input style="width: 100%; border: none;" type="text"/>																
Account Name:	<input style="width: 100%; height: 30px;" type="text"/>																
Account Number:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Sort Code	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

Cheque made payable to you



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### Data Protection Act

By signing this Claim Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

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### Declaration

**I declare that the details given on this form are true and complete to the best of my knowledge.**

**I am also aware that the limit of any claim under this insurance policy is £1500 and that there is a £250 excess attributable to me, the claimant.**

Name: \_\_\_\_\_

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