

U M ASSOCIATION LIMITED

PROPERTY CLAIM NOTIFICATION FORM

Please send completed form together with all relevant correspondence to:

U.M. Association Ltd.
Hasilwood House
60 Bishopsgate
London EC2N 4AW

Telephone: 0207 847 8670

Fax : 0207 847 8689

Member's Name

Member's Claim Ref.

For this Claim, are you registered for VAT? Yes No

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

1. LOSS DETAILS:

a) Date of incident

Time

 am/pm

b) Exact location
of incident and
occupancy.

c) Estimate of claim
amount and
damage to
Buildings

d) Cause of loss /
How did the
incident occur?

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

Yes/No

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

Yes/No

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) Item of Loss:

Computer Equipment:
Please specify items:

Audio Visual Equipment :
Please specify items:

Miscellaneous :
Please specify items:

d) Method of Entry : Forced Entry - Door

Window

Other (Specify)

Walk-in

Walk-in by deception

2. Cont.

e) Time of Loss : Weekday Week-end Bank Holiday
Term/Semester Vacation

f) 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?

Are the premises protected by alarm?

If "YES", did the alarm operate correctly?

If "YES", did the Police respond promptly?

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 Print Name: Position:

Signed: Date :

Please include additional information as available, e.g. internal reports on the claim, quotations / estimates, photographs, sketch / site plans etc.