

PROPERTY DAMAGE INVESTIGATION REPORT

INSURED DETAILS

Insured			
Policy Number			
Address		Post Code	
Name of Person Completing Form			
Role/Position			
Contact Telephone Number			

DETAILS OF THE ACCIDENT

Date of Accident	
Time of Accident	
Date Reported	
Person Reported To	
Accident Location	
Reported by	
Date Reported	
Accident Location	
Description of how the damage occurred	
<i>If you believe that another party is either wholly or partly responsible for the accident, then please provide full details below. Please also provide copies of any documentation which supports your position.</i>	

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PROPERTY DETAILS

Name of third party		
Address of Third Party		
Details of the property damaged sustained		
Estimated Cost of Repairs		
Please provide details of any plant or equipment involved:		
	Please tick	
	YES	NO
Was equipment hired in?		
<i>If YES was the hire subject to CPA agreement (or similar)?</i>		
Was the work being undertaken the subject of any contract		
<i>If YES please give details or provide a copy of the contract:</i>		

WITNESSES

Were there any witnesses to the accident?		
<i>If 'Yes' please provide details below and continue on separate sheet if necessary</i>		
Name	Address	
<i>Please provide copies of any statements taken and/or complete the Witness Statement Form.</i>		

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VISUAL EVIDENCE OF ACCIDENT

	Please Tick	
	YES	NO
Were any photograph taken at the time of the accident?		
<i>If 'Yes' please attach copies</i>		
Is there any CCTV footage of the accident?		
<i>If 'Yes' please include copy of the footage</i>		

DECLARATION

I/we declare that the above statements, supporting documents and/or media provided are true and correct to the best of my/our knowledge and belief. I/we have not withheld from the insurer any information within my/our knowledge connected with this claim. I/we agree to provide the insurers with any further information or documentation as may be reasonably required.

I/we understand that insurers do not admit liability by the issue of this form.

Policyholders Signature		Position		Date	

PLEASE COMPLETE AND RETURN TO:	claims@corin.com
or by post to:	Corin Underwriting Ltd 70 Gracechurch Street London EC3V 0HR

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