

Personal Accident Insurance Equipment Claim form



Documents required to support your claim

- **Original purchase receipts(s) or proof of purchase via bank / credit card statement**
- **Replacement Invoice(s)**
- **Evidence that Forceful & Violent Entry / Exit occurred**

Name of Claimant

Date of Birth

Address of Claimant

Telephone Number

Email

Date of Loss

Place of Loss

Full description of Loss Including details of what you were doing at the time

Name of Police Station
Notified

Crime Reference Number

Date Reported

Address of Police
Station Notified

If Police not notified give
reasons why (In cases of
theft all incidents must be
reported to the police and
a crime reference number
issued)

Is there any other insurance policy in force covering items
subject to this claim, for example, household insurance / all risk insurance

Yes

No

If yes, please provide name, address and policy number of the insurer(s)
and confirm if this incident has been notified to them



Personal Accident Insurance Equipment Claim form

Description of Equipment Lost	Date & Place of Purchase	Cost Price	Amount Claimed

I / we declare the above particulars to be true and complete in every respect and that no material information has been withheld. I authorise Aviva to obtain information from other insurers.

Claimants Signature

If you cannot sign the form digitally tick here

Type 'I AGREE' to confirm this form has been completed truthfully

Print Name

Date

Fraud Warning

The submission of a fraudulent or intentionally exaggerated claim or the submission of false documentation or declaration in relation to part of or the whole claim – may result in voidance of your cover or refusal of your entire claim

ONCE COMPLETE PLEASE RETURN THIS FORM BY EITHER EMAILLING IT TO ra@footballreferee.org.uk OR BY POSTING IT TO :- Unit 12, Ensign Business Centre, Westwood Way, Westwood Business Park, Westwood Heath, CV4 8JA

Office Use Only :-	Yes
Claimants Membership Confirmed	
Confirmed by (name):	