

orchestralguardTM

Orchestralguard Theft/Loss Claim Guidance Notes

Please complete and return the claim form to us, together with your supporting documentation as appropriate. You should not make any attempt at replacement or repair, without our written authorisation. Any receipts, estimates, photographs or valuations should be obtained at your own expense.

Please note we cannot commence dealing with a claim until we are in receipt of ALL the necessary documentation. This claim form should be returned to us **within 30 days** of issue together with the appropriate documentation outlined in the following notes, otherwise the file **will be closed**. Not receiving all of the information required, will delay the handling of your claim.

Dependent upon the circumstances of the claim the underwriters reserve the right to request any additional documentation or information in addition to that detailed here, in order to verify a claim.

JLT | Online, will be responsible for handling your claim with the authority of your insurers, and in respect of all aspects of the assessment and processing of your claim, we will be acting, at all times, on the insurers behalf.

Please note the information contained in this document is for guidance only and does not indicate acceptance of a claim. The contents do not form part of the contract of insurance.

Contact details

Claims hotline: 02476 851050
Claims fax: 02476 851055
Claims email: claims@jltonline.co.uk

Address

JLT | Online Claims Department
Pavilion House
Mercia Business Village
Westwood Business Park
Coventry
CV4 8HX

Claims department opening hours: 9.00am to 5.30pm (Monday to Friday)

Important notice for customers who pay by Direct Debit:

Do not cancel your direct debit. Not paying your premium could affect your claim and future cover.

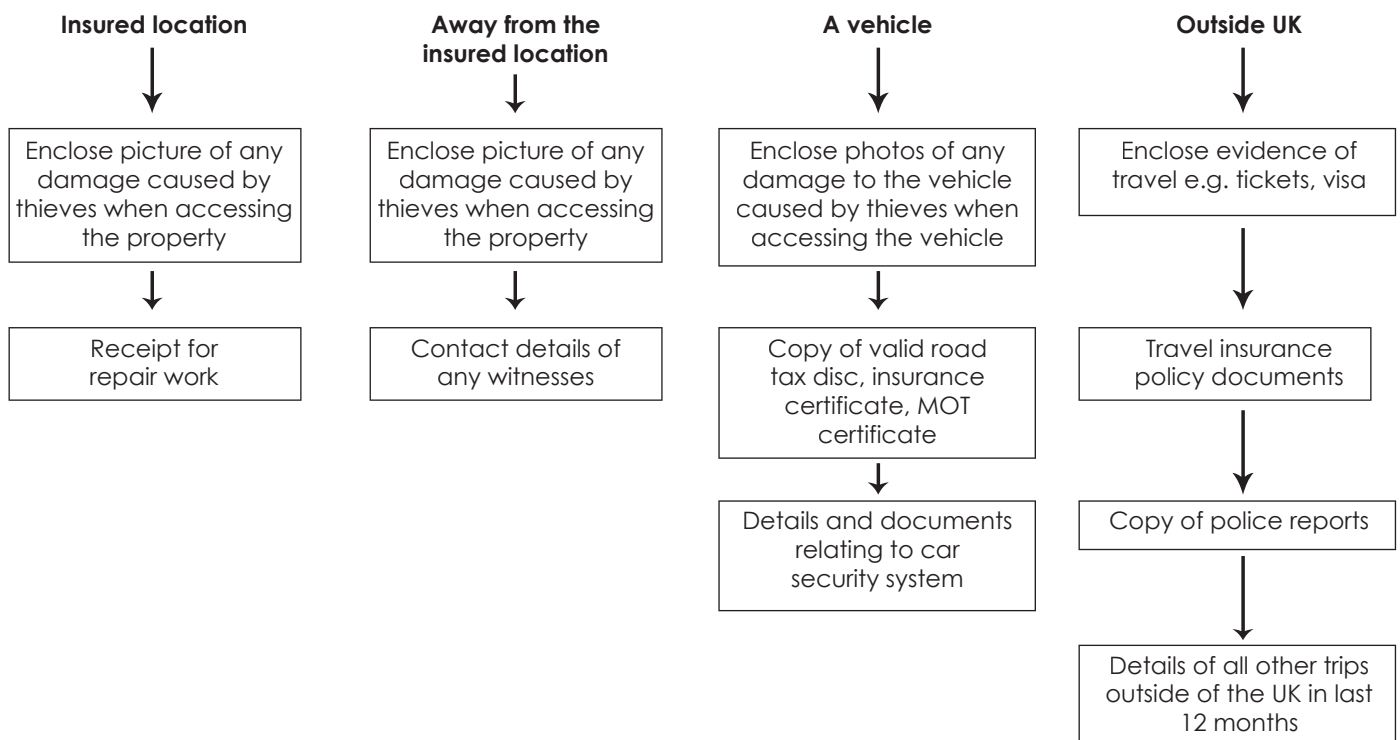
What you need to send us

For **all orchestral theft/loss** - make sure you have enclosed the following:

- Completed claim form
- Original purchase receipt for equipment or bank/ credit card statement showing purchase
- Details of previous insurers
- Details of previous claims/ incidents
- Details of household insurers
- Details of any witnesses
- Please provide copies of proof of ID e.g. passport, driving licence
- Please provide copies of verification of address e.g. utility bill, bank/ credit card statement with account number details blanked out
- All details from relevant section below

In addition - where applicable in the case of theft

Was the theft from:



orchestralguard[®] Property Theft/Loss Claim Form

Office use only

Policy no _____

Claim ref _____

Issue date _____

PLEASE READ THE GUIDANCE NOTES PROVIDED BEFORE COMPLETING THIS CLAIM FORM

Section 1 - Your details

Title: _____

Full name: _____

Sex: Male / Female

Occupation: _____

Home address: _____

Postcode: _____

Insured location (if different): _____

Postcode: _____

Home telephone: _____

Work telephone: _____

Mobile number: _____

E-mail: _____

Fax number (if available): _____

1. Have you made any music related claims (whether paid or not) or suffered any events that may have given rise to a claim, within the last three years?

Yes / No

If yes please provide details

2. Have you ever been convicted of any offence involving dishonesty, fraud, arson, or have prosecutions pending?

Yes / No

If yes please provide details

3. If your claim is for theft/ loss from a vehicle, do you have a motor insurance policy which may also cover all or part of the incident?

Yes / No

If yes:

Policy number: _____

Name of insurers: _____

Contact details: _____

4. If your claim is for theft/ loss from overseas, do you have a travel insurance policy which may also cover all or part of the incident?

Yes / No

If yes:

Policy number: _____

Name of insurers: _____

Contact details: _____

5. If your claim is for theft/ loss from your home/ premises, do you have a home/ premises insurance policy which may also cover all or part of the incident?

Yes / No

If yes:

Policy number: _____

Name of insurers: _____

Contact details: _____

6. Have you had previous insurance other than with JLT | Online / Orchestralguard for your instruments ?

Yes / No

If yes

Policy number: _____

Name of insurers: _____

Contact details: _____

If no

what prompted you to take out cover?

Section 2 - Incident details

7. Please tick what your claim is for

Theft

Loss

Other (please specify): _____

8. Date of incident (dd/mm/yy): ____ / ____ / _____

9. The times between which the property was lost/stolen

Time: from: _____am/pm to: _____am/pm

10. When was the property last seen by you?

Time: _____am/pm Date: ____ / ____ / _____

11. When was the theft/loss discovered?

Time: _____am/pm Date: ____ / ____ / _____

12. Where did the incident occur?

13. State exactly how the incident occurred?

14. Where was the property stored and how was it secured at the time of the theft/ loss?

15. Who had access to the lost / stolen property at the time of the incident?

Section 3 - Theft from Insured Location (complete if applicable)

16. How was access gained to the premises?

17. Was your home/the premises unfurnished or unoccupied at the time of the incident?

Yes / No

If yes, when was the home/ the premises last occupied?

18. Is the home / the premises rented?

Yes / No

If yes, please give contact details for the landlord

Name of landlord: _____

Contact details: _____

19. Was any part of the home/ the premises lent, let or sub - let?

Yes / No

If yes, please give details

Section 4 - Theft from other premises (complete if applicable)

20. Type of premises

Venue

Studio

Hotel

Other (please specify): _____

21. Please provide contact details for the manager/ owner of the premises

Name of manager/ owner: _____

Contact details: _____

22. How was access gained to your property?

Section 5 - Theft from a vehicle (complete if applicable)

23. Please confirm the make, model and year of manufacture of the vehicle.

Make: _____

Model: _____

Year: _____

24. How was access gained to the vehicle?

25. Were any security devices fitted and in operation at the time of the incident?

Yes / No

If yes, please provide details

Section 6 - Police Information

26. Date & time the incident was reported to the police:

Time: _____am/pm Date: ____ / ____ / _____

27. How was the incident reported?

By phone

Online

In person

28. Address of the police station where the incident was reported: _____

29. Telephone number of the police station where the incident was reported:

30. Crime reference number given by the police:

31. Did the police attend the scene of the crime?

Yes / No

32. If the police were not advised immediately the incident was discovered please confirm the reason for any delay: _____

Additional information

Please complete the equipment details form overleaf

DECLARATION

I/we declare that the information provided in this claim form is true to the best of my belief and knowledge. I/we have not withheld any information within my/our knowledge connected with this claim. I/We accept that if I/We exaggerate any part of this claim, or make any false declaration or statement, I/We shall not be entitled to receive any benefit under this policy in respect of this claim. Furthermore, I/We accept that any such action on My/Our part may render Me/Us liable to prosecution. I/We further agree to provide any further information or documentation as may be reasonably required. I/We understand that you may seek information from other insurers to check answers that I/We have provided.

Signed by the policyholder(s):

Dated:

IMPORTANT NOTICE: Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims Underwriting Exchange register operated by Insurance Datatype Services Ltd. A list of participants is available upon request. The information you supply on this form, together with the information you have supplied on your insurance and any other information related to the claim, will be supplied to participants.

Please return this form to: JLT | Online Claims Dept, Pavilion House, Mercia Business Village, Westwood Business Park, Coventry, CV4 8HX

Equipment details

Total value of the claim as estimated by you: £

Item	Make	Model	Colour	Serial number	Date of purchase (dd/mm/yy)	Place of purchase	Original purchase price £	Estimated replacement cost £
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

* if you have any more items, enclose on a separate sheet