

1. POLICY HOLDER DETAILS

Full Name of Insured	Title	First name	Surname
Address			
	City	Postcode	
Telephone Number			
Mobile Number			
Email address			
Policy Number	Start date of policy		

PLEASE COMPLETE THIS FORM AS SOON AS POSSIBLE AND RETURN TO:

claims@mbginsurance.com

or post to:

**MB&G Insurance Services Ltd
Cobalt Business Exchange, Cobalt Park Way
Newcastle Upon Tyne NE28 9NZ**

MB&G INSURANCE

T: 0191 258 8174

E: claims@mbginsurance.com

2. CARAVAN DETAILS

Caravan Make		Year of manufacture	
Caravan Model		Date of Purchase	
Serial number			
Market value of caravan/equipment		Value of caravan contents/luggage	
Is the caravan subject of hire purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'YES', please provide details	
Is the caravan on a fixed site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'YES', please provide details	
For what purpose was the caravan being used for at the time of the damage / loss?			

Theft Claims

Please provide a copy of the invoice and cris document if available.

Damage Claims

- Please provide photos of damage.
- Please obtain and provide an estimate for the repair of the caravan
- Please provide a copy of the invoice and cris document if available.

Damaged property should be protected from further deterioration but not disposed of without prior reference to the Claims Administrator.

3. CIRCUMSTANCES OF THE CLAIM

Date of incident

Time of incident

PLEASE COMPLETE THE APPROPRIATE SECTION

A. Accidental Damage

Please give details of how the accident occurred

Sketch plan of accident and provide photos if available.

Was the caravan being towed by a motor vehicle?

Yes No

If 'YES', please provide name/address of driver of vehicle and the registration number.

Was the caravan loaned / hired to the driver of the vehicle?

Yes No

Where can the caravan be inspected?

Names / Addresses of witnesses (if any):

OTHER VEHICLES INVOLVED

Name/address of owner	Name/address of driver (if different)	Vehicle Registration	Insurance Company & Policy Number

B. Theft	Where was the caravan when the theft was committed?		
	What security did you have in place to prevent the theft?		
Police station(s) at which the theft was reported	Address	Date of Report	Police Crime Reference No
Name / Address of person(s) in possession of or staying in caravan at time of theft			

C. Fire	Where was the caravan when the fire occurred?		
	Cause of fire (if known)		
Fire Brigade in attendance	Address		

