PLEASE RETURN TO:-
CaravanRescue Limited
Bridge House, 1 Carriage Fold,
Cullingworth,
West Yorkshire,
BD13 5DW

KDIB240/07/06

CARAVAN CLAIM FORM

IMPORTANT To avoid unnecessary delay please ensure that you complete either Section 3A or 3B and ALL other sections FULLY and SIGN the Claim Form.

1. DETAILS OF INSURED AND POLICY

FULL NAME.....OCCUPATION .....
ADDRESS .....
TELEPHONE No. (Home) .....(Business) .....(Mobile) .....
CERT NO. .....RENEWAL DATE.....SUM INSURED.....

2. DETAILS OF CARAVAN

Make .....Model .....Year.....No. of Berths .....
Vin |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Chassis/Serial No .....
Date purchased .....Price paid .....Estimated Value .....
Sellers Name & Address *(Private is insufficient)* .....
Make & Model of towing vehicle .....Reg No. .....
IF YOUR CARAVAN HAS BEEN DAMAGED PLEASE COMPLETE THE FOLLOWING *(otherwise proceed to section 3a or 3b as appropriate)*
Description of damage sustained.....
.....
Address where caravan may be inspected .....
.....
May we authorise repairs on your behalf? Yes/No. If no, why not? .....
At least one written repair estimate attached/to follow.
If serious damage, which may result in the caravan being declared a write off please complete the following:
Purchase receipt attached? Yes/No. If no, why not? .....
May we move the caravan to a place of free storage pending settlement of the claim? Yes/No.
Details of all non-standard fixtures, fittings and modifications .....
.....
.....
Please proceed to Section 3A or 3B as appropriate.

3A. COMPLETE THIS SECTION ONLY IN THE EVENT OF THEFT, ATTEMPTED THEFT OR MALICIOUS DAMAGE AND PROCEED TO SECTION 4 (Otherwise proceed to section 3B)

When was the loss/damage discovered? Date..... Time .....
When was the caravan last seen intact? Date..... Time .....
Who discovered the theft/damage? .....
Address where caravan was left.....Post Code .....
Was caravan fully closed and locked? Yes/No. If no, give full details .....
How was entry effected (if known)? .....
When was the crime reported to the Police? Date ..... Time .....
By whom was the crime reported to the Police? .....
Address of Police Station concerned .....Tel No. .....
Name of Police Officer dealing with the case .....Crime Report No. .....
Was an Alarm System fitted? Yes/No. If yes, state make and type .....
Additional security precautions taken.....
.....
Please give an account of the circumstances surrounding the theft and/or discovery.....
.....
.....
.....
.....
.....*continue on separate sheet if necessary.*
Was the caravan itself stolen? Yes/No. If yes, please complete the following details. If no, proceed to Section 4.
Was a hitchlock fitted? Yes/No. If yes, state make and type .....
Was a wheel clamp fitted? Yes/No. If yes, state make and type .....
Were the windows etched? Yes/No. If yes, with what number.....
Caravan Purchase receipt attached. Yes/No. If no, why not? .....
Modifications and/or improvements to your caravan since manufacture .....
.....
Colour of caravan .....Single or Twin Axle .....
Distinguishing features (unique to your caravan).....
.....
Please proceed to Section 4.

Continued overleaf

3B. COMPLETE THIS SECTION IN THE EVENT OF ALL CLAIMS EXCEPT THEFT, ATTEMPTED THEFT OR MALICIOUS DAMAGE and proceed to section 4.

Date of occurrence .....Time .....
Address or location.....
Circumstances .....
.....
.....
.....*continue on separate sheet if necessary*
Was caravan being used in connection with any business? Yes/No.
Who was using caravan at time of occurrence?.....
If the caravan was being used for towing at the time of occurrence, does the person towing the caravan hold a full UK driving licence? Yes/No
Was caravan on hire? Yes/No. If no, state relationship of user to Insured .....
PLEASE ATTACH, WHERE APPROPRIATE, A SKETCH OF THE ACCIDENT SCENE AND/OR DAMAGE.
Name and Address of Third Party (if applicable) .....
.....
Third Party's Car, Make .....Model .....Reg No. .....
Name and Address of Third Party's Insurers (if known).....
.....Policy No .....
Name and Address of independent witness.....
.....

4. CONTENTS/EQUIPMENT LOST, DAMAGED OR STOLEN FROM CARAVAN (Please attach purchase receipts where possible)

FULL DESCRIPTION OF ARTICLE INCLUDING YEAR OF MANUFACTURE	FROM WHOM OBTAINED (Name & Address)	DATE WHEN PURCHASED	COST PRICE WHEN PURCHASED	AMOUNT CLAIMED being the value of the Property at the time of the loss (allow for age, wear & tear)
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5. FINANCE DETAILS

IS ANY OF THE PROPERTY FOR WHICH YOU ARE CLAIMING THE SUBJECT OF AN OUTSTANDING FINANCE OR HIRE PURCHASE AGREEMENT? YES/NO. If yes, please answer the following questions
Loan in respect of.....
Name of Finance Company .....
Address .....
Account Number .....Amount of Loan .....
Date of Agreement .....Period of Loan.....Amount outstanding.....

6. OTHER INSURANCE

Name of House Contents Insurers .....Policy No. .....
Address .....
.....
Is there any other insurance policy in force which covers any of the articles for which you are claiming under this policy?
Yes/No If yes, please give full details .....
.....
.....

7. DECLARATION

I/We declare that the whole of the statements made on this claim form and any supplementary statements forming part of this claim, are true in every respect to the best of my/our knowledge and belief and I/we agree that if any false or untrue statement or any suppression or concealment of material fact has been made, the right to recover under this policy shall be absolutely forfeited.

Insured's signature .....Date.....
(In the case of joint policyholders, each must sign above.)