OFFICIAL

Riot Compensation Claim Form

**This form must be completed in line with the Riot Compensation Claims - Guidance for claimants.**

**You have 43 days to make your RCA claim from the date the riot ends If you make an insurance claim first, you have 43 days to make your RCA claim from the date your insurer tells you that you are not fully covered**

**If your building/possessions are covered by insurance, you MUST contact your insurer before making a claim to the claims authority. You should only complete this form if your claim relates to uninsured loss or a claim for the insurance excess.**

**Your details**

Tick one: Property owner [ ]  Insurance Company [ ]  Representative [ ]

|  |  |
| --- | --- |
| Company Name |  |
|  |  |
| Title |  |
|  |  |
| First Name |  |
|  |  |
| Surname |  |
|  |  |
| Date of Birth  |  |
|  |  |
| Address |  |
|  |  |
| Postcode  |  |
|  |  |
| Telephone number |  |

Do you need an interpreter? Yes [ ]  No [ ]

|  |  |
| --- | --- |
| If yes, which is your preferred language?  |  |

OFFICIAL

**Type of claim**

Tick all that apply

1. uninsured loss [ ]  B. insurance excess [ ]  C. under insurance loss [ ]

D. claim rejected by insurer [ ]  E. insurer claim – reimbursement [ ]

|  |  |
| --- | --- |
| For C and D enter date of letter received from insurer |  |

**About the claim**

|  |  |
| --- | --- |
| Date of incident |  |
|  |  |
| Crime number |  |
|  |  |
| Time of incident |  |
|  |  |
| Reason why time cannot be provided (if applicable) |  |
|  |  |
| Address to which the claim relates (if different from above) |  |
|  |  |
| Postcode |  |

OFFICIAL

**Supporting evidence** *- If available at the time of registering the claim*

I have included the following:

|  |
| --- |
|[ ]  purchase invoices |
|[ ]  receipts |
|[ ]  surveyors report |
|[ ]  building estimates |
|[ ]  letter from my insurance company to state that my claim will not be settled in full (if applicable) |
|[ ]  photographic evidence |
|[ ]  other; please specify: |
|  |  |

|  |
| --- |
| **Description of your claim**Briefly describe the loss or damage you have experienced: |

OFFICIAL

**Insurance details - (not needed for uninsured loss claims)**

If you have more than one insurer e.g. one for buildings and one for your possessions all the insurers’ details must be provided.

**What does this insurer cover?**

Possessions[ ] Buildings [ ] Other [ ]

|  |  |
| --- | --- |
| Name of Insurer |  |
|  |  |
| Policy Number |  |

**What does this insurer cover?**

Possessions[ ] Buildings [ ] Other [ ]

|  |  |
| --- | --- |
| Name of Insurer |  |
|  |  |
| Policy Number |  |

**What does this insurer cover?**

Possessions[ ] Buildings [ ] Other [ ]

|  |  |
| --- | --- |
| Name of Insurer |  |
|  |  |
| Policy Number |  |

**What does this insurer cover?**

Possessions[ ] Buildings [ ] Other [ ]

|  |  |
| --- | --- |
| Name of Insurer |  |
|  |  |
| Policy Number |  |

**If your building/possessions are covered by insurance, you MUST contact your insurer before making a claim to the claims authority. You should only complete this form if your claim relates to uninsured loss or a claim for the insurance excess.**

OFFICIAL

**Valuation**

What is the approximate value of the claim? (This figure will not be taken as final and can contain estimates)

|  |
| --- |
| £ |

Please attach any receipts or documents you may have to support your claim.

If your claim includes repair costs, please provide a copy of any estimates you have received or receipts for any repairs already carried out.

Are you happy for a claims authority loss adjuster to visit you to discuss your claim?

Yes [ ]  No [ ]

**Please note that if we are unable to verify your claim, this will affect any settlement you are awarded.**

**Declaration**

**If you make a claim which is any way fraudulent, unfounded or exaggerated, or make a false declaration, any compensation may be forfeited.**

I/We declare that all answers I have provided are true and complete to the best of my knowledge.

I/We hereby claim for the loss or damage as set out above.

I/We understand that you may seek information from other insurers or other sources to check the answers I/we have provided.

I/We understand that information in this form may be shared for fraud prevention purposes.

|  |  |
| --- | --- |
| Print name: |  |
|  |  |
| Signature |  |
|  |  |
| Date: |  |