

Please return this form to:

**SIMPLE CARAVAN INSURANCE, C/O MB&G INSURANCE SERVICES, 21-26 HOWARD HOUSE,
HOWARD STREET, NORTH SHIELDS, TYNE & WEAR, NE30 1AR**

TEL: 0191 258 8120 • FAX: 0191 257 3025 • E-MAIL: CLAIMS@MBGINSURANCE.COM

Section 1 - You the Policyholder

Name of Insured:	<input type="text"/>		
Address:	<input type="text"/>		
Town & County:	<input type="text"/>		
Postcode:	<input type="text"/>		
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
e-mail address:	<input type="text"/>		
Policy Number:	<input type="text"/>	Start date of Policy:	<input type="text"/>

Section 2 - Caravan Details

Make / Model:	<input type="text"/>		
Serial number:	<input type="text"/>		
Year of manufacture:	<input type="text"/>	Approximate date of purchase:	<input type="text"/>
Market value of Caravan / Equipment:	<input type="text"/>	Value of caravan contents / luggage:	<input type="text"/>

Is the caravan subject of hire purchase? (please tick) YES NO

If 'YES', please provide details:

Is the caravan on a fixed site? (please tick) YES NO

If 'YES', please provide details:

For what purpose was the caravan being used for at the time of the damage / loss?

Section 3 - Circumstances of the Claim

Date of incident:

Time of incident:

 am / pm

PLEASE COMPLETE THE APPROPRIATE SECTION -

a). Accidental Damage - Please give details of how the accident occurred:

Sketch plan of Accident:

Was the caravan being towed by a motor vehicle? YES NO

If 'YES', please state name / address of driver of vehicle:

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):

Section 3 (continued) - Circumstances of the Claim

Other Vehicles Involved:

Name / Address of Owner:	Name / Address of Driver (if different):	Vehicle Registration:	Insurance Company / Policy No:

b). Theft -

Where was the caravan when the theft was committed?

What security did you have in place to prevent the theft?

Address of Police station(s) at which the theft was reported:

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):

Address of Fire Brigade in attendance:

Section 3 (continued) - Circumstances of the Claim

b). Other Causes -

Please give details of cause of loss / damage:

List below items of personal effects / equipment loss / damaged

Please give details of cause of loss / damage:

Description:	Extent of Damage:	Owner of item:	From whom purchased:	Date of purchase:	Cost / Value:	Amount Claimed:

I / We declare that no material information has been withheld and that all statements on this form are true to the best of my / our knowledge and belief. Further the articles and property belong to the persons named and no other person has any interest. I / we understand that you may seek information from other insurers to check the answers I / we have provided, and I/we authorise the giving of such information for such purposes.

FULL DETAILS OF THE CLAIM MUST BE SUBMITTED AS SOON AS POSSIBLE AFTER THE EVENT AND ALWAYS WITHIN 14 DAYS OF THE INCIDENT OCCURRING. YOU MUST ALSO PROVIDE US WITH ALL INFORMATION AND EVIDENCE, INCLUDING WRITTEN ESTIMATES AND PROOF OF OWNERSHIP AND VALUE THAT WE MAY REQUEST.

UK UNDERWRITING LIMITED ARE AN INSURERS AGENT AND IN THE MATTERS OF A CLAIM ACT ON BEHALF OF THE INSURER.

Insured's Signature:

Date:

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Claims Administrator.