

Musical Instruments Claim Form

Allianz Musical Insurance

Instructions for completion**1** Please complete your details in BLOCK CAPITALS.**2** Sections 1 and 3 must be completed in all cases.**3** If your claim is for loss, theft or malicious damage, please report the incident to the police and complete **section 2**.

Claims for accidental damage require written estimate(s) for repairs and restoration work.

If the instrument is beyond economical repair please submit a report from a repairer confirming this together with a written estimate to replace the item.

Section 1**Policyholder Details** (Please insert)

Policy No.	<input type="text"/>	Claim No.	<input type="text"/>
Title	<input type="text"/>	Forename	<input type="text"/>
		Surname	<input type="text"/>
Name of orchestra, group etc insured (if applicable) <input type="text"/>			
<input type="text"/>			
Address		Postcode	
<input type="text"/>		<input type="text"/>	
Tel. No (Home).	<input type="text"/>	Tel. No (Daytime).	<input type="text"/>
Email Address	<input type="text"/>		
Occupation	<input type="text"/>	Date of birth	<input type="text"/>
Are you, or the owner of the insured item, registered for V.A.T.? (Do you submit V.A.T. accounts?)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you, or the owner of the insured item, able to reclaim the V.A.T. in respect of the claim?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of items stolen, lost or damaged

Item number on current policy schedule	Full description including model number and serial number (Where applicable)	Where and when purchased	Original purchase Price £	Amount claimed £
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you do not own the insured item please state name and address of person or organisation to whom it belongs

Is the owner of the item aware of the damage/loss? Yes ☐ No ☐

Circumstances

Date of loss, theft or damage

Time

Where did the loss, theft or damage occur?

Provide full details of circumstances in which loss, theft or damage occurred

Name and address of any person responsible for the item(s) at time of loss, theft or damage

Name and address of any person(s) responsible for causing the damage

Name and address of any witnesses

If loss/damage occurred in transit, please give full address of airline/carrier. All incidents of loss/damage must be reported to the carrier/airline immediately upon discovery. Please enclose a copy of the airline damage report, flight number, ticket, baggage tags and a copy of any correspondence from the airline/carrier.

Section 2 (To be completed for theft/loss)

In cases of the theft/loss of any instruments, proof of title and value should be submitted. Please also forward with this form the original purchase receipt, and/or written valuation.

Police Details

Name of police station			
Address			
Tel. No		Postcode	
Crime/Lost Property reference No.		Name of investigating officer	
When did you report the incident: Time		Date	

If you were provided with a letter from the police please forward a copy of this with your claim form.

What action have you taken to recover the item(s)?

If the item was stolen from any of the following, please complete the appropriate section

A – Unattended Motor Vehicle

Location of the vehicle at the time of the incident	
How did the thief gain entry to the vehicle?	
Please detail the extent of damage to the vehicle	
Where was the item within the vehicle at the time of the incident?	
Were all security devices activated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Vehicle Details:

Vehicle make		Model	
Type (e.g. saloon, estate)		Reg No.	

Please forward evidence of the forced entry to your vehicle - for example, a copy of the police report, bill for the repairs or photographic evidence.

B – Property

Address of property	
	Postcode
How did the thief enter/exit the building?	
Were there any physical signs of entry to the building, if so please provide details	

Section 3

Have you any other insurance in force under which you can claim for this item?

Yes ☐

No ☐

If yes, please provide the following information:

Insurer's name

Policy number

Insurer's address

Postcode

Have you made a claim against the above Insurers for this item?

Yes ☐

No ☐

Data Protection Notification

The details you supply will be stored and used by Allianz Insurance plc, to administer your insurance cover. Your personal details may be transferred outside of the EEA. They will at all times be held securely and handled with the utmost care in accordance with all the principles of English UK law.

We may exchange your details with other insurers through various databases to help us check information provided and also to prevent fraudulent claims.

Your details will not be kept for longer than necessary.

Very Important – Fraudulent and Exaggerated Claims

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief.

FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE

Declaration

Your answers to our questions will be the basis of consideration of your claim.

I/We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided.

Policyholder's Signature

Date

Subject to acceptance of your claim, we are prepared to settle the agreed invoice direct with the repairer/supplier as appropriate. If you would like us to do this please complete the mandate.

Mandate

I/We authorise Allianz Musical Insurance to settle the agreed account for repairs/replacement presented by

(Name of repairer or supplier)

Policyholder's Signature

Date

Please return your completed form by email to mi.claims@allianz.co.uk or by post to: 7th Floor Claims, Allianz Musical Insurance, Great West House (GW2), Great West Road, Brentford, Middlesex, TW8 9DX.

Telephone number: 0344 391 4051