



**STATIC/TOURING CARAVAN/PARK HOME/CHALET  
CLAIM FORM**

**Please return the completed form to CBI Insurance Consultants, 35 Conway Road,  
Colwyn Bay, Conwy LL29 7AA**

**The Policyholder**

Policy Number:
Clam Reference Number: TBA
Name of Policyholder:
Correspondence Address:
Contact Telephone Number: Email Address:
Occupation of the Policyholder:

**Caravan/Park Home/Chalet Details**

Make and model of the structure	
From where / who was the structure purchased?	
Year of Manufacture	Date purchased
Name / address of retailer or previous owner	
Value of structure / equipment	Value of personal effects / luggage

Is the structure subject of hire purchase YES / NO	If Yes state name / address of HP company
Is the structure on a fixed site YES / NO	If Yes state name / address of site
For what purpose was the structure being used at the time of the damage / loss?	

**Circumstances of Claim**

Date of Incident	Time of Incident
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**Complete only Appropriate Section (a) Accidental Damage (b) Theft (c) Fire (d) All Other Causes**

**(a) Accidental Damage**

Please give full details of how the accident occurred	
Where applicable, please provide a sketch plan of the accident	
If applicable, was the caravan being towed by a motor vehicle YES/NO	If Yes state name / address of the driver of the vehicle
If applicable, was the caravan loaned / hired to the driver of the vehicle? YES / NO	

Where can the caravan be inspected?

Names / address of witnesses (if any)

**OTHER VEHICLES INVOLVED**

Name & Address of Owner	Name & Address of Driver (if different)	Reg. Letters and No.	Insurance Company & Policy No.

**(b) Theft**

Where was the structure when the theft was committed?

What safeguards were taken to prevent theft?

Brief details of entry including how protections forced (if known)

Address of police stations at which theft reported

Date of report to police

Police crime reference number

Name / address of person(s) in possession of or staying in the caravan at the time of the theft

**(c) Fire**

Where was the structure when the fire occurred?

Cause of fire?

Address of Fire Brigade in attendance

(d) Other Causes

Full details of cause of loss / damage

List below items of personal effects / equipment loss / damaged

Description	Extent of Damage	Owner of Article	From whom purchased	Date of purchase	Cost	Amount Claimed

General Questions

Was the structure occupied at the time of occurrence. If no, please advise at what time & date the structure was last occupied:

Have you previously made any claim against any Insurer. If yes, please give all particulars:

Are there any other insurances in force on the said property whether effected by you or any other person. If yes, please give particulars:

Have you taken any steps to recover your property:

Has the Proposer, Partner or any Director ever: -

1. Been declared bankrupt or disqualified from being a company Director?
2. Had any County Court Judgement or Sheriff Court Decree?
3. Had a company go into Liquidation or become Insolvent?
4. Been convicted or have any prosecutions pending or been given an official police caution in respect of any criminal offence other than motoring offences?
5. Had any insurance proposal declined, renewal refused, had any special increased terms applied or had insurance cancelled mid-term by Underwriters?

If yes to any of the above, please provide details.

I / we declare that the above is a full and accurate statement and I / we therefore claim the sum of £ \_\_\_\_\_ as the amount due to me / us in respect of the loss or damage to the property detailed. The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the company or the appointed adjusters.

DATE:

SIGNATURE OF POLICYHOLDER:

**IMPORTANT – PLEASE ENCLOSE ALL ESTIMATES FOR REPAIR/REPLACEMENT,  
AND IF POSSIBLE, PHOTOGRAPHS OF THE DAMAGE.**

