

Forever Precious Claim Form

Confirm the full postal address for return of item after repair – (either to policy holder or jewellery store for collection by policy holder)

Instructions for customer - Please complete all sections of this claim form in BLOCK CAPITALS. Please supply us with full details of the accidental damage, loss or theft of your product.

For Accidental Damage - Your damaged item must be returned to; **Rox UK Ltd** with this claim form enclosed. This item must be packaged carefully and sent by special delivery. Please note the cost of postage and packaging are not covered by this insurance.

For Theft and Loss - Loss or theft must be reported to the Police within 24 hours and a Lost Property or Crime Reference Number obtained. Please complete the claim form and return to **Rox UK Ltd**.

Section One: - Customer Details

Title Initials Surname

Address

Postcode

Telephone (Home) Telephone (Daytime)

Jeweller Details

Name Address

Postcode Telephone

Section Two: - Circumstances (To be completed for all claims)

Policy/receipt number Description of jewellery item

Date of policy purchase Item purchase price (£)

Please provide full details of what happened

Section Three: - Circumstances (Damage only)

Time and date the item was last used Time and date of damage

Where did the damage take place?

Section Four - Circumstances (Loss/Theft only)

Time and date the item was last used

Was the item visible?

Were any other items stolen? If so, please list them here

Where was the item at the time of the theft?

Where were you in relation to the item at the time of theft?

Section Five - (Loss/Theft)

Name of Police Station

Police Station address

Telephone number Name of Officer

Loss property or Police Crime Reference Number

Time and date you reported the Loss/theft

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

Section Six (Theft Only): - 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

Please confirm type of vehicle (e.g. saloon, hatchback, convertible etc)

Where within the vehicle was the item at the time of the incident?

Were all security devices working and activated?

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

B - Residence (Theft Only)

Address of property

How did the thief enter and exit the premises?

Were there any signs of physical entry to the building? If so please provide details

Please forward evidence of forced entry to the above property resulting in damage – for example, a copy of the Police report, bill for the repairs or photographic evidence.

Section Seven: - Additional Details

Have you previously made a claim for accidental damage, loss or theft?

If yes, please give details

Do you have other insurance in force, under which you could claim for this item?

If yes, please provide the following information: Insurers name

Insurers address

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

Section Eight:

PLEASE READ CAREFULLY BEFORE SIGNING

Data Protection Notification

The details you supply will be stored and used by certain Lloyd's of London Underwriters namely Syndicate 1209 XL London Market Ltd, to administer your claim. Your personal details may be transferred outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of the 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

Fraud

If the insured or anyone acting on behalf of the insured makes a false or fraudulent claim or supports a claim by false or fraudulent document, device or statement, this policy shall be void and the insured will forfeit all rights under the policy. In such circumstances, we retain the right to keep the premium and to recover any sums paid by way of benefit under the policy.

If we receive a claim under your policy we may ask you or any person covered under the policy to give written consent, during the claims process, for us to obtain specified information and material from the Police and to exchange information and material with them. The purpose of these measures is to help us verify claims and guard against fraud. If you or a covered person gives such consent you or the covered person will be given the opportunity to receive a copy of the information and material the Police release to us.

Should you or any covered person decline to give such consent we may in turn decline to settle the claim without the required information and material. We will not normally release information or material about a covered person to you without their consent.

Declaration – To be signed by the Policyholder for ALL claims

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

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of the policy.

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

I declare that the information I have provided in this claim form is true to the best of my knowledge. Any claim paid as a result of any knowingly incorrect statement made by me or on my behalf shall be invalid and may result in subsequent action being taken against me. I agree that any copy made of this form shall have the validity of the original.

Signature Date:

TO BE COMPLETED BY REPAIR JEWELLER ONLY

Repair jeweler reference number Total repair cost Including VAT of

If unrepairable, please explain

Claim form to be returned **AFFINITY BROKERS LTD, 21 BLYTHSWOOD SQUARE, GLASGOW, G2 4BL.**