

FAX-BACK INSTRUCTION FORM

Name:			
Company:			
Address:			
	Postcode:		
Email Address:			
Telephone No.:			
Fax No.:			
Claim Reference:			
Name of Insured:			
Address:			
	Postcode:		
Home Tel. No.:			
Work Tel. No.:			
Mobile Tel. No.:			
Nature of damage: (or areas to clean/estimate)			
Contents:			
Buildings:			
Excess:	YES / NO	Amount:	£
Any other relevant information; i.e. photographs - estimates - type of material			
Date of Incident:			
Matching items covered:	YES / NO		
Single Article limit:	£		
Sum insured:	£		
Policy Type/Title:			