

**BUILDINGS CLAIM FORM**

**MULTI-STOREY FLATS IN PRIVATE OWNERSHIP**

FALKIRK COUNCIL

INSURANCE SECTION

THE FOUNDRY

4 CENTRAL BOULEVARD, CENTRAL PARK

LARBERT

FK5 4RU

TEL NO: 01324 506350

*Once completed please forward to Falkirk Council at the above address or email to insurance@falkirk.gov.uk*

**Section 1 – Personal Details**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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POSTCODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2 – Incident Details**

DATE OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHERE DID INCIDENT OCCUR?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE EXPLAIN HOW INCIDENT OCCURRED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WERE POLICE/FIRE IN ATTENDANCE? YES/NO POLICE REFERENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAS THE BUILDING OCCUPIED AT THE TIME OF THE INCIDENT? YES/NO

IF NO, WHEN WAS THE BUILDING LAST OCCUPIED?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3 – Repair Details**

WHAT HAS BEEN DAMAGED?

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ESTIMATED COST OF REPAIR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF DAMAGE RELATES TO DECORATION, STATE ORIGINAL COST £ , AND DATE LAST DECORATED

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*PLEASE ENSURE THAT ALL ESTIMATES QUOTATIONS AND INVOICES ARE SUBMITTED WITH THIS CLAIM FORM*

**Section 4 – Additional Information**

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**Section 5 – Declaration**

I/WE DECLARE THAT ALL THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY/OUR

KNOWLEDGE AND BELIEF.

SIGNATURE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT YOUR NAME(S) IN FULL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_