

Name of Housing Association Policy number (if known)				
Your full name				
Correspondence address				
	Postcode:			
Telephone number	Mobile			
Email Address				
Occupation				
Are you the (tick as appropriate)	Leaseholder 🗌	Shared Owner	Owner $\square$	Factored
Address of property where damage occurred	Postcode:			
Type of property (e.g. house, flat)	Age of Property			
How long have you owned the property		Yrs	,,	months
Date damage occurred				
What happened to cause the damage				
Details of damage including estimated repair cost				
We require two written estimates. If you	are not attaching t	wo estimates, please e	explain why	
Name and address of person responsible for damage (if applicable			Doot	
Crime Reference Number			F 050	
(This is a policy requirement for all v	andalism / malici	ous damage / theft l	related claims	s)
Was the property occupied at the tim	YES / NO		•	
If no, state the last date on which the occupied				
Have you made any other claims in the past 3 years?		YES / NO		
If so, please provide details (continue overleaf if required)				
I/We declare that all the answers provide	d are true and corre	ect to the best of my/o	ur knowledge.	
Signed		Date		