



Hugh Wood, Inc.  
45 Broadway  
New York, NY 10006

Telephone: 1-888-277-6494  
Fax: 1-212-482-8269

## Claim Form

Please complete this form as fully as possible. All questions in bold text must be completed in order for your claim to be processed. If you cannot answer one of the mandatory questions please contact us for advice. Please use extra paper if necessary.

1 **Name/Company insured**

**Contact Name**

**Address**

**Telephone Number**

2 **Policy Number**

3 **Date of loss** (approx date if not known)

4 **Details of item/s lost or damaged**  
(continue on an extra page if needed)



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- 5 **Does any third party have an interest in the property being claimed for?** YES/NO (delete as applicable)  
 If YES above please give details.
- 6 **Brief circumstances of the loss.**
- 7 **Value of item/s lost or damaged**   
**If you have not answered above please advise your best estimate of the values involved.**
- 8 **If items are damaged, are they available for inspection?** YES/NO (delete as applicable)
- 9 **Have you advised an association of your loss? (APS or ASDA etc.)** YES/NO (delete as applicable)
- 10 **Have you ever suffered a loss in respect of material similar to that now claimed for – even if not insured at the time?** YES/NO (delete as applicable)  
 If YES please give details separately



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11 If this is a Transit/Sending loss please answer this question in full and disregard questions 12 and 13.  
**Date sending was lost/damaged**


**Full name of the carrier/service**

**Have you advised the carrier of the loss?**

YES/NO (delete as applicable)

**Have you attached copies of any documentation**  
(i.e. proof of sending, correspondence etc.)

YES/NO (delete as applicable)

**Have you, or will you, receive any compensation from the carrier?**

YES/NO (delete as applicable)

If YES, how much?

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12 If this is an Exhibition loss please answer this question in full and disregard question 13.  
**Name and venue of the exhibition where the loss occurred.**

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**Have the organisers been advised?**

YES/NO (delete as applicable)

**Have the police been advised?**

YES/NO (delete as applicable)

If YES please give contact details of the police involved.

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13 If this is a Premises loss please answer this question in full.

**If the loss is a burglary or housebreaking please advise how entry was gained.**

**Were all security devices/protections activated at the time of loss?**

YES/NO (delete as applicable)

If NO please provide full details

**Have the police been advised?**

YES/NO (delete as applicable)

If YES please give contact details of the police involved.

14 **Please read this carefully and sign where shown**

*I/We understand that you may seek further information for the consideration of this claim. I/We declare that the above statements and information given are true and to the best of my/our knowledge and belief. I/We understand that withholding information, or giving false information can lead to a claim being rejected and further actions being taken by underwriters.*

Signature:

Date

Please return this form to your local HWI office as soon as possible.