

LEASEHOLD CLAIM FORM

Please return to:
Insurance Section
Cambridge City Council
The Guildhall
PO Box 700
Cambridge
CB1 0JH
EMAIL to insurance@cambridge.gov.uk



IT IS THE RESPONSIBILITY OF THE LEASEHOLDER TO NOTIFY CAMBRIDGE CITY COUNCIL WITHIN 30 DAYS OF THE INCIDENT. CLAIMS NOTIFIED AFTER 30 DAYS MAY NOT BE CONSIDERED.

THE LEASEHOLDER MUST COMPLETE AND SIGN THIS FORM. THERE IS AN EXCESS OF £75.00 ON EACH CLAIM

NAME OF LEASEHOLDER	
IF PROPERTY IS SUB-LET PROVIDE NAME OF TENANT	
ADDRESS WHERE THE LOSS OCCURRED	
*LEASEHOLDER CONTACT TELEPHONE NUMBER	
DATE OF THE INCIDENT	
WHAT WAS THE CAUSE OF THE DAMAGE	
WHEN AND BY WHOM WAS THE DAMAGE/LOSS DISCOVERED	
STATE FULLY WHAT HAPPENED	
STATE THE FULL EXTENT OF THE DAMAGE	
STATE WHO TO CONTACT FOR APPOINTMENTS TO VISIT PROPERTY IF DIFFERENT FROM ABOVE *	

DECLARATION

I declare that these particulars are true to the best of my knowledge

Signature of Leaseholder:

Date

FOR OFFICE USE ONLY

CLAIM FORM RECEIVED BY INSURANCE TEAM	DATE	
LEASEHOLDER VERIFIED	Y/N	
CLAIM FORM SENT TO ESTATES & FACILITIES	DATE	
SURVEYOR VISIT (within 5 days of notification)	DATE	
WORKS REQUIRED UNDER POLICY	LIST	
ESTIMATE OF COSTS	£	
ESTATES & FACILITIES TO CARRY OUT WORKS	Y/N	
SURVEYOR PROVIDED WORKS/COST DETAILS TO INSURANCE TEAM	DATE	
LEASEHOLDER CONTACTED – Confirmation claim accepted	DATE	
WORKS TO BE CARRIED OUT BY		CCC / OTHER
QUOTES RECEIVED BY INSURANCE TEAM (if applicable)	DATE	
LEASEHOLDER ADVISED OF AGREED QUOTE	DATE	
COPY OF INVOICE RECEIVED – RAISE REFUND LESS EXCESS	DATE	
CLAIM CLOSED	DATE	