

Please complete this to the best of your knowledge. Insurance fraud is a crime, please ensure that all information is complete and correct.
Please provide proof of ownership for each item detailed, such as purchase receipt, warranty book, accessories, photo of item/photo of item in use.

Policyholder: _____ Home Phone: _____ Mobile: _____

Claim Reference: _____ Email address: _____

Detail property damaged or stolen including manufacturer and model (if applicable)	Purchased from	Age of item	Original purchase price	Present day replacement cost	Permanently stored in/on vehicle
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>

For policies issued before 1st July 2022 or renewed before 1st August 2022, your insurer is Vero. For all other policies your insurer is Berkshire Hathaway Specialty Insurance Company. I/We:

- Declare to the best of my/our knowledge and belief all information given to Star Insurance Limited (Star) who acts as agent for the insurer and/or any other party(ies) authorised by Star or the insurer to receive information from me in connection with this claim (whether this information is supplied orally or is written) is complete, true and correct and no information relevant to the claim is omitted.
- Agree to provide any further information that may be required by Star, the insurer or any other party(ies) authorised by Star or the insurer to receive information and/or to process this claim.
- Authorise the disclosure of this information to other parties, including parties with a financial interest, private investigators, crown authorities, advisors, repairers or parties involved in replacing the subject matter of this claim.
- Authorise the obtaining personal information about me/us that is in Star and/or the insurer and/or any other party(ies) authorised by Star and/or the insurer to process this claim view as relevant to this claim.
- Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by Star and/or the insurer and/or any other party(ies) authorised by Star and/or the insurer to process this claim.

The following additional conditions only apply where Vero is the named insurer on your policy:

- I/We:
 - Authorise the obtaining of personal information in any way relevant to this claim from Insurance Claims Register Ltd (ICR)
 - Authorise Star/Vero to place details of this claim on the database of ICR where it will be held and made a available for other insurance companies to inspect.

Signature:

Signature: _____

Date: / /

Policy Holder

Signature _____

(If company, state position:
i.e. CEO / Manager etc)

Date: / /

Submit

Declaration and Signature: Pursuant to the Privacy Act 2020