STONEGUARD

Claim Form



Title	First Name		Surname
Email Address			
Address			
		Postcode	
Daytime telephone number		Certificate Number	
		BZ	
1 Loss or Damage]		
Opinion as to the Cause of the Loss or Damage (if you are unsure please ask your memorial mason)			
Date of Discovery of Damage			

Please supply an estimate for repair/replacement from the supplying memorial mason. Should the estimate exceed £300 a photograph of the damaged memorial is required.

2 Injury to a Third Party

Provide details of circumstances overleaf and forward (unanswered) any correspondence you have received.

I/we agree that Bridge Insurance Brokers Ltd may make direct payment to the Memorial Masons in the event of a claim for loss or damage.

I/we declare that the information provided is true.

Bridge are acting as Agents on behalf of RSA when dealing with claims.

Signature of Policyholder

Date

Please return this form to:

Stoneguard Department Bridge Insurance Brokers Ltd Cobac House 14-16 Charlotte Street Manchester M1 4FL Telephone Number 0161 236 6969

UKC01635C



Underwritten by

Royal & Sun Alliance Insurance plc (No. 93792). Registered in England and Wales at St Mark's Court, Chart Way, Horsham, West Sussex RH12 1XL.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. JANUARY 2019