

CLAIM FORM Page 1 of 2

PLEASE WRITE IN BLOCK CAPITALS



Your Full Name including Title

Address

Postcode

Telephone Email

Certificate number

What is the nature of your claim? Tick the relevant box

☐ LOSS OR DAMAGE

☐ INJURY TO THIRD PARTY Go to page 2

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 memorial mason.
Should the estimate exceed £300 a photograph of the damaged memorial is required.

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.

SIGNATURE

DATE

Please scan and email your completed form to stoneguard@bridgeinsurance.co.uk
Alternatively you can post your completed form to:
Bridge Insurance Brokers Ltd, Cobac House, 14-16 Charlotte Street Manchester M1 4FL

Bridge are acting as Agents in behalf of Intact when dealing with claims.
Intact Insurance UK limited (No. 00093792)



Injury to a Third Party Details - if applicable

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

Date of incident

Please scan and email your completed form to stoneguard@bridgeinsurance.co.uk
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