

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
Alternatively you can post your completed form to:

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