

Key Protection Claim Form (Web)

Claim Reference:
(for office use only)

Please complete the below form and email to dgmotor@davies-group.com; alternatively mail to:
Specialist Claims, PO Box 2801, Stoke-on-Trent, ST4 9DN.

You will also be required to provide supporting evidence along with this form. Please see declaration section of this form for further details.

Please complete all sections below. Should any pre-populated information have changed please make a note of this on the form. Please ensure that you put your name in the box at the top of each following page(s).

Claim Details

Policy Number:

Name of your Insurer:

Policyholder Details

Full Name:

Address:

Date of Birth:

Preferred Contact Number (please tick)

Telephone Number:

Mobile Number (if different)

Email address:

Claim Payment

Any payment in settlement of your claim can be paid directly into your nominated bank account, or alternatively by cheque. Please confirm your preference below:

Bank account

Cheque

If payment into bank account, please confirm:

Sort Code:

Account number:

Name:

Incident Details

Type of key: **House** **Vehicle** **Office** **Other**

What happened to the keys?

Lost **Stolen** **Damaged** **Broken In Lock (Denying Access)**

Date of incident: Crime ref:
(If applicable)

Please describe the incident which has lead to your claim: Please include an itemised list of the costs you have incurred.

Do you have a spare key? Yes No

AXA Assistance job reference: (if reported)

The total cost you are claiming:

£

Declaration

By signing below, I declare that all information provided by me is true, full and accurate to the best of my knowledge and belief.

I also assign Davies Group Limited the authority to contact third parties to make enquiries and to obtain any information that may be relevant to the handling of my claim.

Signed _____ Date _____

I confirm that I have enclosed the following documentation:

- Detailed Invoice for the work.
- Proof of payment. ie receipts / bank statement for all costs being claimed.