



CARAVEL

Repair & Restoration Claims Management Specialists

NEW LOSS SHEET

This form constitutes an instruction to Caravel to proceed with investigations on your behalf (Please refer to our Terms of Business – copy available on request). Upon receipt, we will:

(a) contact your client and arrange for the item(s) to be inspected, in order to establish authenticity of claim.

(b) Investigate the best means of settling the claim, i.e. to restore, replace or make a cash settlement.

(c) Report back to you with our findings and recommendations.

(d) Await your confirmation on how to proceed – UNLESS YOU ARE DELEGATING AUTHORITY FOR US TO PROCEED WITH THE MOST COST EFFECTIVE OPTION BY SIGNING THE DELEGATED AUTHORITY BOX UNDER SECTION (3) CLAIM DETAILS

1. INSURANCE COMPANY

Name:	
Phone:	Fax:
Contact:	

2. INSURED

Name:		
Address:		
Phone: (Home)	(Work)	(Ext)

3. CLAIM DETAILS

Claim Ref.	Policy No.
Details of loss:	
Excess Payment Due (Amount): <input type="checkbox"/>	
<i>Tick and sign here to confirm your requirements:</i>	
<input type="checkbox"/> Home visit and report	<input type="checkbox"/> Valuation of items
<input type="checkbox"/> Report only	<input type="checkbox"/> Quotation for replacement/restoration
<i>To delegate full authority to Caravel to proceed to a maximum of:</i>	
<i>tick and sign below:</i>	
DELEGATED AUTHORITY _____ <input type="checkbox"/>	

4. (Caravel use only)

CARAVEL REFERENCE	RECEIVED ON
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CARAVEL :

Tel: 01243 555666

Fax: 01243 555327

Email: info@caravel.co.uk

Web: www.caravel.co.uk

Post: 16 Bilsham Court, Bilsham Road, Yapton, Arundel, W. Sussex. BN18 0NZ