



**Premises / Property Claim Form**

Please return completed form to Waverley Housing, Finance Department  
at 27 North Bridge Street, Hawick TD9 9BD

Insured :	Waverley Housing	Policy Number:	M7CC 16545
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Address of Property damaged					
Name of Tenant					
Contact Number					
Type of Accommodation		Rented			
Date of Occurrence		____ / ____ / _____ (DD/MM/YYYY)			
Cause of Damage					
Was property unoccupied at the time of the loss?	Yes	No	If 'Yes' for how long?		
If theft loss / damage, were police notified?	Yes	No			
If 'Yes' give address of police station and Crime reference number					
<b>Buildings Claim -</b>					
Description of loss or damage			Estimated cost of repair		
<b>Contents Claim -</b>					
Description of Item	Age of Item	Price Paid	Estimated Cost of Repair	Replacement Cost (If Not Repairable)	Amount Claimed

I/We declare that the statements made are true and to the best of my/our knowledge and belief and I/We claim the amount above in respect of the items mentioned.

Date

Signature of Tenant

**THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM**