

BASC / CPSA and Newmoon Gun Insurance Claim Form

Please return this claim form to Newmoon Insurance:-The Pantiles Chambers, 85 High Street, Tunbridge Wells Kent, TN1 1XP. Email nminfo@newmooninsurance.com **Enclose a copy of your gun certificate / licence, any invoices and written repair estimate from gunsmith etc.** Should you need to discuss any matter or require guidance, please contact us on 01892 506884.

Section 1 Your Details

Policy Number:

Title:

First Name:

Other Initials:

Surname:

Home Address:

.....

Post Code:

Telephone Home:

Telephone Mobile:

Email:

Occupation:

Section 2 Your Gun Details

Type and model of gun:
.....

Date gun bought:
.....

Date when gun was last serviced:
.....

Name, contact number and address of Gunsmith who serviced gun:
.....

Where is the gun now and what is the estimated claim amount?
.....

If the gun has been inspected following the incident by a Gunsmith, please advise their opinion and or estimate of repair:
.....

If your guns are normally serviced by a particular Gunsmith, please provide name, contact number

and address:

.....

What is the current "new" replacement cost for the gun:

.....

Please attach original receipt, replacement / repair invoices you have obtained.

Section 3 Claim Type

Is the claim for (please circle the relevant claim type)

Loss Theft Accidental Damage of your gun

(If claiming for Loss / Theft, please complete sections 4 & 6. If claiming for Accidental Damage, please complete sections 5 & 6).

Section 4 Loss and or Theft Claims

Incident Date and Time:

.....

Where did the Incident occur?

.....

Please provide full details of the circumstances surrounding the incident:

.....

.....

When did you last see the gun?

.....

Date and Time reported to the Police:

.....

Crime reference number:

.....

Name, contact number and address of Police Station:

.....

Name of investigating officer:

.....

If the gun was stolen from a property, how was access gained?

.....

If the gun was stolen from a vehicle, how was access gained?

.....

Vehicle make and model:

.....
Details of any security devices in operation at the time:
.....

Section 5 Accidental Damage Claims

Incident Date and Time:
.....

Where did the Incident occur?
.....

Please provide full details of the circumstances surrounding the incident:
.....
.....

Name, contact number and address for any person responsible for the incident:
.....

How are they responsible?
.....

Do you think that the item can be repaired?
Yes No

If No, have any discussions been undertaken over salvage value?
.....

Please attach evidence of ownership (e.g. copy of gun licence)

Section 6 Declaration

The details you supply will be used to administer your claim and to combat fraud. The above answers to the questions will be the basis of the assessment of your claim. All material facts must be disclosed. A material fact is one that is likely to influence us in the assessment of acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy. If you are in any doubt as to whether a fact is material, you must disclose it.

I/we submit my/our claim for the amounts stated and declare that to the best of my/our knowledge and belief, all information given on this form is true and correct, as will be my/our response to any further enquiries made by the Insurers or agents.

Signed..... Date.....

Printed Name.....