

Europa Group Key Protect 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.