



**THAMES WATER UTILITIES LIMITED CLAIM FORM**

CLAIM NO.:

**1. Personal Details**

Name of claimant:

Address:

Postcode:

Date of Birth:

Telephone No(s): Day

Evening:

**2. Details of Incident**

Date of Incident:

Time:

am/pm

When did you first report this incident?

To whom did you report this incident?

Location of Incident:

(please include number/name of property at, or nearest to the location)

Please advise of the weather conditions at the time of the incident: (where applicable)

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Please provide a clear summary of the incident:

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3. Witnesses to the incident

Please provide names and addresses of all other parties who have knowledge of this incident:

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4. Insurance

Do you have contents/all risks insurance cover? Yes/No\* (\*please delete)

If yes, please state extent of cover .....

Have you notified your insurers of the incident? Yes/No\* (\*please delete)

Do you intend claiming all or part of your loss arising from this incident from your insurer? Yes/No\* (\*please delete)

If yes, please specify what is being claimed from your own insurers:

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Name & Address of Insurers: .....

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..... Postcode: .....

Policy Number: .....



**DETAILS OF CLAIM**

Please provide details of damage or loss that you consider as a direct result of this incident and where possible attach appropriate documentation to support this. Please specify the age and condition of each damaged item immediately prior to the incident. (Please note that Thames Water Utilities Ltd will normally only consider the reimbursement of reasonable costs incurred in rectifying damage and it is essential that paid invoices/receipts are attached to substantiate and quantify the loss.

Description of property damaged or loss	Name of owner (if different to claimant)	Address of owner (if different to claimant)	Date acquired	Price Paid	Replacement or repair cost	Allowance for depreciation	Amount Claimed

**7. DECLARATION**

I/We declare that the whole of the statements made in this claim form and any supplementary statements forming part of this claim are true in every respect.

**Signature of Claimant(s):** .....

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**Names(s) (BLOCK CAPITALS):** .....

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**8. RETURN ADDRESS**

**Please return as soon as possible to:**

**Thames Water Utilities Ltd  
 Customer Services  
 PO BOX 436  
 SWINDON  
 SN38 1TU  
 Telephone: 08457 200897**