



# Claim Reporting Form

## IMPORTANT NOTICE

You should only use this form if you are insured through Angel Risk Management Limited.

This form is to assist you in reporting a circumstance or claim under your Angel policy. Please remember the more information you give us the more effectively and efficiently we can handle your claim.

You can email your completed Claim Form to our claim team at [claims@angelriskmanagement.com](mailto:claims@angelriskmanagement.com). If you wish to speak to us you can call Angel Claims on 01245 343630 Monday to Friday between 09:00am and 5:00pm.

**Please note:** A written receipt of this claim will be sent once received by us. The claim will not be considered reported until you receive written acknowledgment from us.

**Company or Named Insured:**

**Your Policy Number:**

**Your Contact Address** (if different to the one shown on the policy.)

**Post Code:**

**Main Tel No:**

**Person to Contact:**

**Position:**

**Tel No:**

**Email Address:**

**Nature of Loss?**

**Date of Loss?**

**Location of Loss?**

**How did the Loss Occur?**

Please attach separate sheet if necessary.

**Who do you consider to be responsible for the Loss?**

**Has the loss been notified to the Police or a lost property office (if relevant)?**

**Have you obtained estimates for repair/replacement? What is the estimated cost?  
(Please attach estimates and any other supporting documentation to this form)**

**Signed:**

**Date:**