University of Leeds

Insurance Office

Theft Claim form

The following information is required following theft of departmental equipment:-

|  |  |
| --- | --- |
| Name of Department |  |
| Person Reporting the loss | Name: Extn: |
| Address/location where the loss occurred including room number |  |
| Date and Time of Incident |  |
| Please provide detail of how theft occurred i.e. point of entry, method used |  |
| Were the premises unoccupied at the time of the theft |  |
| Was the room or building alarmed and was the alarm activated |  |
| Was force used to enter the room |  |
| Were the individual items alarmed, plated, locked down or encased. If yes, please give details |  |
| Has the loss been reported to the Police, if so please quote crime reference number. |  |
| Please indicate which account number should be used for any settlement amount |  |

**Please list the individual items stolen**

|  |  |  |  |
| --- | --- | --- | --- |
| *Description of Property* | *Inventory Number* | *Value of Item* | *Estimated cost or actual replacement cost* |
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Please ensure you attach a copy of either the estimate for a replacement item or the invoice for its replacement

Send the completed form and estimates/copy invoices to the Insurance Office, Room 11.57, Eleventh Floor, Worsley Building or email to insurance@leeds.ac.uk