



Foster Parents Property Insurance Claim Form

Foster Parent: Please complete Section 1 and forward to your Social Worker

Social Worker: Please check the claim form and complete Section 2 and forward to Social Care Finance, Childrens Services, County Hall within 28 days of the incident date.

Social Care Finance: Please forward the fully completed claim form to the Risk and Insurance Section, Corporate Finance, 4th Floor, County Hall

Section 1 To be completed by the claimant

Foster Parents Name.

Foster Parents Address.

Date and Time of the Incident

Location of the incident

What was the Cause and Circumstances of the Incident

If a Loss or Theft has occurred, were the Police advised? Yes/No
If No, Please explain why not

If Yes, Please complete the following details
Date reported Time reported The crime reference number

The name of the Police Officer

The address of the Police Station

PLEASE ATTACH THE POLICE REPORT TO SUPPORT YOUR CLAIM.

Description of the Loss or damage Please attach 2 estimates for the repair/replacement of each item	Original purchase Price	Age of item	Amount Claimed

Please state to whom the settlement cheque should be made payable

I Declare that the above particulars are true and correct (to be signed by the Foster Parent)

Signature.

Date.

**Section 2
To be completed by Childrens Services**

Are there professional reasons as to why the incident was not reported as a crime?

I Declare that the above claim details are true and correct to the best of my knowledge

Name (block capitals):

Position Held:

Signature.

Date.