



First Act Insurance

All risks claim form

To be completed and forwarded to Equity, Guild House, Upper St Martins Lane, London WC2H 9EG together with receipts (if possible) for the purchase of the articles lost or damaged. Please return this form as soon as possible, ideally within 14 days of the incident.

Any claim is time barred if not notified to our insurers within three months of the date of the incident.

NB. It is necessary to notify both Equity and the local or railway police immediately loss is discovered.

Name of claimant in full (block capitals):	<input type="text"/>
Date of birth:	<input type="text" value="/ /"/>
Present address:	<input type="text"/>
Permanent address:	<input type="text"/>
Exact occupation:	<input type="text"/>
Telephone number:	<input type="text"/>
Equity number:	<input type="text"/>
Equity membership level/type:	<input type="text"/>
Theatre/studio name:	<input type="text"/>
Name of production in which claimant was performing:	<input type="text"/>

Bank details – please provide your preferred bank details for benefit payments			
Name of bank A/C	<input type="text"/>	Name of bank	<input type="text"/>
Account number	<input type="text"/>	Sort code	<input type="text"/>
Bank address	<input type="text"/>		

- State nature of claim i.e. whether fire, burglary, theft etc.
- Where did the loss occur?
- When did the loss or damage occur – date and approximate time?
- When was the loss or damage discovered – date and approximate time?



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5. If loss or damage was occasioned by burglary, please state how entry was obtained?

6. To which police station have you reported the loss?

7. Brief resume of circumstances giving rise to loss:

8. Do you have any insurance policy of your own which would cover this loss? Yes No

If Yes, what is the name and address of your insurance company and under what name are you known to them?

9. Have you yet made a claim upon your own insurers for the loss or damage? Yes No

Statement of claim

Please provide receipts, bills or other evidence of purchase when completing the claim form.

Description of property	When and where bought	If a gift, name and address of donor	Cost	Amount claimed after allowing for fair wear and tear



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Using your personal information

Hiscox is a trading name of a number of Hiscox companies. The specific company acting as a data controller of your personal information will be listed in the documentation we provide to you. If you are unsure you can also contact us at any time by telephoning 01904 681198 or by emailing us at dataprotectionofficer@hiscox.com.

We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide.

For further information on how your information is used and your rights in relation to your information please see our privacy policy on www.hiscox.co.uk/cookies-privacy.

Declaration

I do hereby declare that the following particulars are true in every respect.

Signature of claimant

Date

To be completed by Equity

I certify that at the time of the above fire, burglary, theft, loss etc. the member was in full benefit as defined in the rules of Equity.

For Equity

Signature

Date