



WHAT MEASURES HAVE BEEN EMPLOYED TO PREVENT FURTHER LOSSES OF THIS NATURE?

**ITEMS DAMAGED / LOST:**

**PLEASE SUPPLY COPY INVOICE(S) / QUOTES / ORDERS WHERE POSSIBLE**

BUILDINGS	Order Number	REPLACEMENT COST
CONTENTS	DCC Item Number	
	<b>TOTAL</b>	
	<b>Less EXCESS</b>	

**DECLARATION**

I/WE HEREBY DECLARE THAT:

THE INFORMATION GIVEN ON THIS FORM IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF,  
AND I/WE WILL ADVISE THE COUNTY TREASURER IF ANY PROPERTY IS RECOVERED.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME (Block Capitals)** \_\_\_\_\_

PLEASE RETURN [WITHIN 30 DAYS OF THE INCIDENT] TO: **THE INSURANCE SECTION**  
CORPORATE FINANCE, PO BOX 2, COUNTY HALL, MATLOCK, DERBYSHIRE  
DE4 3AH. TEL 01629 538888 or 539237. FAX 01629 538969.

**FOR INSURANCE SECTION USE ONLY:**

DATE	INV / JT REF	AMOUNT

DATE	INV / JT REF	AMOUNT