





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.

	e of claimant in full capitals)							
Date	of birth							
Present address								
Permanent address								
Exact occupation								
Telephone number								
Equity number								
Theat	tre/studio name							
	e of production in which ant was performing							
Oldilli	ant was ponoming							
1.	State nature of claim i.e. whet	her fire, burglary, theft etc.						
2.	Where did the loss occur?							
3.	When did the loss or damage	occur – date and approximate time?						
4.	When was the loss or damage discovered – date and approximate time?							
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:							







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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 fits fair wear and tear I do hereby declare that the following particulars are true in every respect. Signature of claimant Date		8.	8. Do you have any insurance policy of your own which would cover this loss? Yes							
Please provide receipts, bills or other evidence of purchase when completing the claim form. Description of property Description of bought If a gift, name and address of donor Cost Amount claimed after allowing figure railowing figure										
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Peclaration I do hereby declare that the following particulars are true in every respect. Signature of claimant 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 benefits as defined in the rules of Equity. For Equity	Statement of claim	Please provide receipts, bills or other evidence of purchase when completing the claim form.								
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Signature Date										
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