

Ashfield District Council
Housing Services
Personal Tool Insurance Claim Form



Date of Loss	
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Date of Claim	
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Details of Incident	
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Police Crime Reference Number	
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Current Value of Employee Tools Stolen analysed by Item	
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I (Insert Name) (Insert Signature) declare that I have not previously made or will attempt to make a claim against my personal contents insurer or any other organisation other than Ashfield District Council. I acknowledge that claiming from Ashfield District Council whilst having already been compensated or endeavouring to be reimbursed by another organisation for loss of employee tools may result in disciplinary action being taken by Ashfield District Council.

Line Manager Name and Job Title	
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Line Manager Approval Signature	
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Once complete please email a scanned copy of the form to Insurance@ashfield.gov.uk