

STONEGUARD



Claim Form

Name and address

Postcode

Daytime telephone number

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Certificate Number

BZ

1 Loss or Damage

Opinion as to the Cause of the Loss or Damage (if you are unsure please ask your memorial mason)

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Date of Discovery of Damage

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Please supply an estimate for repair/replacement from the supplying memorial mason. Should the estimate exceed £300 a photograph of the damaged memorial is required.

2 Injury to a Third Party

Provide details of circumstances overleaf and forward (unanswered) any correspondence you have received.

I/we agree that Bridge Insurance Brokers Ltd may make direct payment to the Memorial Masons in the event of a claim for loss or damage.

I/we declare that the information provided is true.

Signature of Policyholder

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Date

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Please return this form to:

Stoneguard Department
Bridge Insurance Brokers Ltd
Cobac House
14-16 Charlotte Street
Manchester M1 4FL
Telephone Number 0161 236 6969

