

TOOL REPLACEMENT SCHEME CLAIM FORM

To be completed by the claimant

Full name	Address
National Insurance Number	Post Code
Please enter current JIB grade	Registration card number
When did your employment with your present employer begin?	Please detail your normal working hours
Were your tools in locked storage provided by your employer or in a locked vehicle?	Please State which:
YES/NO*	
Are you the sole owner of the tools?	If no, state the names of any other parties and the extent of their interest.
YES/NO*	
Date when theft discovered	At which time of the day did the theft occur?
If the theft of your tools occurred outside normal working hours, was it during a period of work authorised by your employer?	Have you taken any other steps to recover the tools by claiming against any insurance policy in respect of their theft or is your employer claiming against his insurance for the theft? If yes, please detail
YES/NO*	
Were the Police notified of the theft within 24 hours?	Please give the name, address and phone number of Police Station
YES/NO*	
Explain fully how the theft of your tools occurred and from where	List the tools stolen (use separate sheet if required)

I declare that the particulars given above are true and accurate.

Signature	Date

To be completed by claimant's present employer

I certify that the above operative/apprentice is in my employment, that to the best of my knowledge his tools have been stolen and that the above information given by the claimant is correct. I confirm that *I am/am not claiming for their theft against any insurance policies held by this firm/company.

Signed	Date
Position in Firm	Name of Firm
Address and phone number	Post Code

* Delete as appropriate