



INSURANCE APPLICATION AND CONSENT FORM

I hereby confirm I wish **Drain Doctor** to handle my insurance claim and carry out the required repairs. I also authorise Drain Doctor to deal directly with my insurer and act to conclude my claim.

Customer Signature
(The Insured)

DATE

Policy Number:

Cause of Damage:

Insurance Co Name/Broker Name:

Address:

Insurance Tel no:

Customer Name and Address:

Customer's DOB:

Customer's Tel no:

Customer's E-mail:

Scope of work

Simpsons (East Anglia) Ltd t/as Drain Doctor, 42 Barrack Square, Martlesham Heath, IP5 3RF

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