

Claims Reference No. (if known)

PROPERTY CLAIM FORM

Name of Insured

Address of Premises

Postcode

Contact Number

Policy Number

Business Name

Are you a Registered Trade for VAT purposes?

Yes

No

If Yes - VAT Reg Number

If Yes, state whether you can recover the VAT relating to the property for which you are claiming.

Completely

Partially

Not At All

If you can recover only partially, indicate the reason and percentage recovery

If you cannot recover any tax, state reason

Address or location where loss or damage occurred

Date and time of loss or damage

Provide details of the circumstances giving rise to loss or damage (if fire, give exact cause of the outbreak)

Type of premises, e.g. Salesshop, Warehouse etc.

Are the premises unoccupied?

Yes

No

When and by whom was the loss or damage discovered?

Name(s) and Address(es) of Any Witnesses

Name

Address

Postcode

Name

Address

Postcode

Name

Address

Postcode

Name

Address

Postcode

Are you the owner of the premises?

Yes

No

If you are not the owner, are you responsible for the repairs and, if so, why?

Have you previously sustained loss or damage of this nature? If so, please give details

At these premises

Elsewhere

Is the property for which you are claiming insured under any other insurance policy?

Yes

No

If Yes, give name and address of insurers and policy number

Policy No

Address

Postcode

Complete in All Cases of Theft, Malicious Damage or Accidental Loss

When and at which station were police notified?

Please state Police Crime Reference

If Theft, was there forcible and violent entry to or exit from the premises? Give full details

If the premises are unoccupied, please state date and time they were last occupied

Are the premises protected by an intruder alarm?

Yes

No

If Yes, did it operate?

Yes

No

Details of Loss and/or Damage

Description of property and/or items lost or damaged	Do you own the items? If no state name of owner	Estimated cost of repairs (if applicable) Please attach an estimate or account	Age of item and cost to the INSURED (if applicable)		Amount claimed Taking in to account depreciation £	Value of any salvage £
			Year	£		

Breakage of Glass

Address at which breakage occurred	Window, door etc.	Type of broken glass	No. of panes	State inches or mm		Broken or cracked
				Height	Width	

Have you given instructions for replacement?

Yes

No

I/We declare that the statements made are true to the best of my/our knowledge and belief and I/We claim the amount stated above in respect of the items mentioned

Signed

Dated

Name