

# Property Claim Form



<b>INSURER:</b>		<b>POLICY NUMBER:</b>		<b>BROKER REF:</b>	
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POLICY HOLDER DETAILS			
Policy Holder:			
Occupation:			
Address:			
Postcode:			
Telephone:		Fax:	
Are you able to recover VAT?	Yes	No	If 'yes' state percentage if not in full:

INCIDENT DETAILS			
Date:		Time:	
Address of premises where loss occurred:			
When were premises last occupied/secured (if incident out of business hours?)			
Date:		Time:	
Give full circumstances of loss or damage, explaining when and by whom discovered. For theft claims, please specify actual means of entry.			
Are premises protected by an intruder alarm?	Yes	No	
If 'yes' did alarm operate?	Yes	No	
Is a maintenance contract in force for the alarm?	Yes	No	

RECOVERY POTENTIAL	
Do you feel that another party is to blame for the damage or loss?	Yes No
If 'yes' please provide full details, including name and address:	
Was the subject matter of this claim insured by any other policy at the time of this occurrence, whether effected by you or anyone else?	Yes No
If 'yes' please provide details:	

NOTIFICATION TO POLICY (See note 3)			
Date:		Crime Ref:	
		Officer (if known):	
Has any arrest been made?		Yes	No
Address of Police Station where reported:			

DAMAGE TO BUILDING (See note 4)	
Please specify all areas damaged and attach estimates if available:	Estimated cost of repair:
Are you legally responsible for these repairs?	Yes No

## LOSS OF OR DAMAGE TO CONTENTS (See note 5)

Please attach - any readily available receipts to show cost of item  
 - any estimates for repair/replacement  
 (NB: If for replacement these should be for identical or nearest equivalent items)

Item:	Approx. date acquired:	Original cost:	Current replacement cost:	Owner, if not yourself:

## DECLARATION

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants. Information may also be supplied to registers of lost or stolen property.

**I/We declare that the statements made are true to the best of my/our knowledge and belief.  
 I/We also declare that there are no other insurances in force on the property and that no other persons have any interest therein other than as detailed in the policy or specified above.**

Signature..... Position within Company .....

Please Print Name..... Date.....

## IMPORTANT NOTES

1.	All questions should be answered fully and the form returned promptly to assist in the processing of your claim.
2.	Please ensure the form is signed and dated.
3.	Notification to police: it is a policy condition generally that all incidents involving theft or malicious damage, etc., must be reported to the police. Please ensure that the crime reference is obtained.
4.	Repairs to Building : if there is likely to be a delay in being able to submit contractors' repair estimates please do not delay returning this form. Please give an indication of approximate likely cost, with contractors estimates to follow.
5.	All damaged goods should be retained for possible inspection (unless presenting an immediate Health & Safety Hazard).
6.	The issue of this form is not to be taken as an admission of liability on the part of the company.