

# COMMERCIAL PROPERTY CLAIM FORM

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THIS FORM IS FOR COMPLETION BY THE INSURED.

<b>Your Details:</b>	
Name:	Policy Number:
Address:	
Telephone No:	Postcode:
Full Description of the Business:	
Are you registered for VAT?	YES/NO
If you are partially exempt please state % recoverable	%

<b>Incident Details:</b>	
Date of incident:	Time (if known):
Address Where Loss Occurred (if different to the above):	
	Postcode:
Date and Time the property was last seen prior to the incident:	
Date:	Time:
Were the premises occupied at the time of the incident?	YES/NO
If 'NO', state date and time last occupied:	
Explain fully how the incident occurred:	
When was the incident discovered?	By whom?

**Police Details: (complete in the case of Theft, Loss, Malicious Damage or Impact)**

Address of Police Station:

Crime Reference Number:

Date Reported:

Complete for Theft

Was there forcible and violent entry to/from the premises

YES/NO

If 'YES' how was entry gained?

From what part of the premises did the loss occur?

How were security devices overcome?

Are the premises fitted with an intruder alarm?

YES/NO

Did this operate?

YES/NO

If NO please explain why:

## Full Details of Loss or Damage

Description of items (including make and model number where appropriate)	Purchase Date	Purchase Price	Replacement Cost

Please attach original purchase receipts where possible and forward at least two estimates for replacement.

(in the case of damage we require estimates for repair or a professional report confirming the items are damaged beyond repair).

If any photographs are available please attach.

## Money

Description of money (eg. cash, cheques etc.):                      Amount: £

Please provide exact details of where the money was stolen from (if stolen from a safe please advise the make and model number):

Is the money owned by the Insured?                                      YES/NO

If 'NO' please give details of ownership:

## Payment Details

If the settlement is to be paid to any other party than the policy holder please indicate whom:

## Declaration

I/We declare to the best of my/our knowledge and belief that the information contained within is true and correct.

Signature:

Date:

Position in Company: