

COMMERCIAL PROPERTY CLAIM FORM

Section 1 – Policyholder Details										
Name										
Address										
Business Occupation										
Telephone Day		Evening								
Policy Number										
VAT registered				Yes		No				
Section 2 – General Details										
Date and Time of incident										
Address at which loss/ damage occurred										
How did the loss/ damage occur?										
Name of persons responsible for damage (if applicable)										
Registration Number of vehicle (if applicable)										
Section 3 – Theft										
If property was lost, stolen, maliciously damaged or vandalised please provide the following information										
Were there any visible signs of forced entry? – if Yes please provide details	Yes		No							
Date and time incident was reported to the police										
Name and address of Police Station reported to										
Police Crime Ref Number										
Was an intruder alarm in operation?				Yes		No				



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Section 6 – Particulars of the	e Claim							
Description of property lost, stolen, maliciously damaged or vandalised								
Date of purchase								
Original purchase price								
Estimated cost of repair								
Estimated cost to replace (if not repairable)								
Amount Claimed								
If you have obtained estimates or accounts, please attach and send with the completed claim form.								
If water damage has occurre the leak been rectified?	ed, has the source of	١	⁄es		No			
If the claim is being submitted more than 30 days following the incident, please advise the reason for delay								
Are you the tenant/ leaseholder?								
Are you responsible for damage under the terms of the lease?			⁄es		No			
Was the property fully occupied at the time of the incident?			⁄es		No			
Please give details of any previous losses under this or other similar policy								
Declaration								
i/ We declare that the statements made are true to the best of my/ our knowledge and belief and I/ We claim the amount above in respect of the items detailed. I/ We have not withheld any information to my/our knowledge in connection with this claim.								
Signature of policy holders			Date					
			Date					

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