

## 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	

Section 6 – Particulars of the 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 occurred, has the source of the leak been rectified?	Yes		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?	Yes		No	
Was the property fully occupied at the time of the incident?	Yes		No	
Please give details of any previous losses under this or other similar policy				

Declaration			
<p>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.</p>			
Signature of policy holders		Date	
		Date	