



COMMERCIAL PROPERTY

Please answer all questions on this page as fully as possible and relevant sections on other pages.
Please complete in **BLOCK CAPITALS** throughout and tick boxes where appropriate

SECTION 1. DETAILS OF THE INSURED

Name (in full)

Business Address (in full)
Post Code

Contact telephone numbers:	Mobile:
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Registered Office:
Post Code:

Insurer:

Policy No:

Renewal Date:

Are you VAT Registered? YES/NO (delete as appropriate)		
If YES state whether you can recover VAT relating to the property for which you are claiming (Please tick as appropriate)		
(i) Completely <input type="checkbox"/>	(ii) Partially <input type="checkbox"/>	(iii) Not at all <input type="checkbox"/>

If you can recover VAT only partially, please provide reasons and percentage recovery anticipated

If you cannot recover any VAT please state reason



SECTION 2. THE EVENT

Date:

Time: am/pm

When and by whom discovered

Date:

Time: am/pm

Name:

If known, please state name and address of person you feel caused the damage:

Address where the event occurred

Post Code:

Telephone No:

Room(s) or area affected:

Please provide details of what happened:



If illegal entry occurred please state which windows or doors were forced, or the manner in which entry was otherwise effected?

Were the premises occupied at the time? YES/NO (delete as appropriate)

If NO state date and time they were last occupied

Date:

Time: am/pm

Please provide details of the time and date that the police were advised, the name of station and officer's number. (Inform the police at once if the claim is for articles lost or stolen or maliciously destroyed or damaged)

Are your premises protected by an alarm? YES/NO (delete as appropriate)

If YES did it operate? YES/NO (delete as appropriate)

SECTION 3. THE PROPERTY LOST OR DAMAGED

At the time of the incident, were you the owner? YES/NO (delete as appropriate)

If NO please provide below the name and address of the owner:

Name:

Address:

Post Code:



Give name(s) of any other party having an interest in the property at the time of the incident

At the time of the incident, were there any other insurances
on the property?

YES/NO (delete as appropriate)

If YES please give details:

Policy No:

Name of Insurer:

Address of Insurer:

State Nature of occupancy of the premises

Are you responsible by agreement for the property?

YES/NO (delete as appropriate)

Have you previously made a claim of this nature
on any insurance policy held?

YES/NO (delete as appropriate)

If YES, please give details:

Nature of Claim:

Date of Loss:

Name of Insurers:

Total Value of Claim Settlement £

(If necessary please continue on a separate sheet)



SECTION 4. DETAILS OF BUILDING CLAIM

Tradesman's estimates should be attached

Description of property/age of Building or damaged Fixtures/fitings	Date when last decorated	Estimated Cost of Repair	Damaged or Destroyed £	Allowance for Depreciation (Wear and Tear) £	Net Amount Claimed £

If necessary please continue on a separate sheet

SECTION 5. DETAILS OF CONTENTS, INCLUDING MONEY

Description of articles (attach estimates for repairable articles)	Name and address of supplier	Date acquired or manufactured	Cost (net of profit and VAT) price £	Value of Salvage £	Net amount of claim less depreciation, salvage, profit and VAT etc £	VAT if Claimed £



SECTION 6. BREAKAGE OF GLASS

Size:	Type:
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Situation (e.g. door, window, showcase, etc)
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SECTION 7. BUSINESS EQUIPMENT

Description: Makers Name and Model: Serial Number: Date Purchased: Price Paid £ Description of Damage
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(Please use supplementary sheets as necessary)

SECTION 8. FROZEN FOODS

Make and Model of Refrigeration Unit Serial Number: Date Purchased: Value of Contents £
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Is freezer subject to a maintenance contract?	YES/NO (delete as appropriate)
If YES give name and address of the maintenance company and supply a copy of the maintenance agreement	
Date of last service:	



SECTION 9. DECLARATION

Notice

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Service Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, on one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material **you must disclose it.**

FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I/We declare that the foregoing particulars to be correct according to my information and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.



I/We declare that to the best of my/our knowledge and belief the above is a full and accurate statement and I/We therefore claim the

Sum of £

Date:

Name	Position
Signature	Date: