

PROPERTY CLAIM FORM

CLAIMS REFERENCE: _____

Please write in **BLOCK CAPITALS**

• **DETAILS OF POLICY**

1. Policy number _____

• **DETAILS OF INSURED**

2. Name of Insured (please complete A or B)

A Title (Mr/Mrs/Miss/other) _____ Forenames _____ Surname _____

B Company Name _____

Address:

| |
|-----------------|
| Postcode: _____ |
|-----------------|

Tel No. (Home) _____ (Business) _____ (Extn. No.) _____

3. Are you registered for V. A.T.? (YES/NO) ____ If YES, status (or % exemption) _____

• **INFORMATION ABOUT LOSS/DAMAGE**

4. When did the loss/damage? Day _____ Month _____ Time _____

5. How did the loss/damage occur? _____

6. Address at which the loss/damage occurred _____

7. Were the premises unoccupied at the time of loss? State YES or NO

If YES, when were they last occupied? _____

• **FURTHER DETAILS**

8. (a) When and by whom was loss discovered? _____
(b) By whom was the discovery witnessed? _____
9. When and where were you last definitely in possession of the property? _____
10. When was the loss reported to the police and by whom ? _____
11. To which Police Station? _____
12. Please advise the Police crime reference number for this loss _____
13. (a) By what means was access gained to the premises? _____
(b) Were any doors or windows forced? YES or No _ If YES, which? _____
(c) Were premises securely locked at time of loss? YES or NO _____
13. Do you suspect any person(s)? YES or NO _ If, YES, whom? _____
14. What enquiries have been made and what steps have been taken to recover property lost?
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• **PREVIOUS LOSSES**

15. Have you ever sustained loss or damage by any of the risks insured by this policy? YES or NO If YES, please give details (*please continue on a separate sheet if necessary*):

