



## Property Claim Form

### Details of Policyholder

Name:	(Mr,Mrs,Miss,Ms)	Policy Number:
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Address:	Tel No.
	Fax No.
	E-Mail:

Occupation / Business:
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Are our registered for VAT? Yes  NO

If "YES", state rating (full, partial, exempt)
% if partial

Are there any other insurances covering this incident? Yes  NO

If "YES", give details
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Are you the sole owners of the property damaged or lost? Yes  NO

If "No", give details
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### Incident

Date of loss:	Time:
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Circumstances: (Please include the cause of loss, details of how it occurred and if known the name & address of the party responsible, if any)
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Did the Fire Bridade attend? Yes  NO

If Theft or Malicious Damage, state the full address and Crime Reference Number of the Police Station to which notice was given with the time and date.

If Theft how was entry gained to the premises?

Address where the property is normally kept?

Are the premises unoccupied? Yes  NO

If "Yes" , state when last occupied

Have any changes been made in the insured premises since inception / renewal?  
Yes  NO

If "Yes" , please give details

Have you suffered any previous loss or damage arising from risks covered by this policy or similar policies in the last 5 years? Yes  NO

If "Yes" , please give details

**Emergency repairs to prevent further damage may be carried out immediately. However, please note that most insurers have a list of approved suppliers that offer discounts to insurers. Please contact us for details to avoid any shortfall in your claim**

**Damaged property should not be disposed of until permission has been given by the Insurance Company or the claim has been settled.**

**In respect of claims involving breakage of glass, where replacement cannot be immediately arranged, boarding up should be carried out to prevent further damage.**

