

Commercial / Business Claim Report

Please return to:

Claim No: (Office Use Only)

Please answer all relevant questions fully and return this form within seven days.

INSURED			
Policy No:	<input style="width: 95%;" type="text"/>		
Full Name	<input style="width: 95%;" type="text"/>		
Address	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
	<input style="width: 60%;" type="text"/>	Postcode	<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
Business or Occupations	<input style="width: 95%;" type="text"/>		
Business Telephone. No	<input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>	Residence Telephone. No	<input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/>

DETAILS OF LOSS	
Date of Loss <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/>	Time of Loss <input style="width: 15%;" type="text"/> am / pm
Place where loss occurred	<input style="width: 95%;" type="text"/>
Describe fully how loss or damage occurred (If a sketch of damage is appropriate, please use space below).	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>
Have you ever suffered similar loss or damage ? if Yes, please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%;" type="text"/>	

Sketch Plan / List of items Stolen or Damage / Additional Information.
<input style="width: 95%; height: 100%;" type="text"/>

ADDITIONAL INFORMATION IF CLAIM IS DUE TO LOSS OR THEFT

When and where was property last seen ?

In whose custody was the property at the time of loss ?

When and by whom was the loss discovered ?

At which Police Station the loss was reported and when ?

Name of Police Station Tel No. — Date / /

Police Station Address

Has the Police made any arrest ?

Please give crime reference No.

Have the Police made any recovery ?

Has any other action been taken to trace the property ?

What damage was caused to the premises ?

If no damage to the premises what evidence is there of theft ?

PREMISES INVOLVED

Type of premises involved (e.g. house, shop, office, outbuilding, etc.)

Were the premises occupied at the time ? if not, when were the last occupied Yes No

Are you the sole occupier of the premises ? if not, who are the other occupiers Yes No

Are you (a) the owner of the premises ? Yes No (b) responsible for repairs ? Yes No

When were the premises last decorated

V.A.T. STATUS

Are you registered for V.A.T. ? Yes No Registered Number

DECLARATION

I/We hereby declare that to the best of my knowledge and belief these particulars are true and complete. I/We understand that you may ask for information from other insurers to check the answers I/We have provided.

Signature

Date