

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:	<div style="border: 1px solid black; height: 25px;"></div>		
Full Name	<div style="border: 1px solid black; height: 25px;"></div>		
Address	<div style="border: 1px solid black; height: 25px;"></div> <div style="border: 1px solid black; height: 25px;"></div> <div style="border: 1px solid black; height: 25px;"></div>		
Business or Occupations	<div style="border: 1px solid black; height: 25px;"></div>		
Business Telephone. No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> – <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Residence Telephone. No	<div style="border: 1px solid black; width: 40px; height: 20px;"></div> – <div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Postcode			
<div style="border: 1px solid black; width: 60px; height: 20px;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	
DETAILS OF LOSS			
Date of Loss	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	Time of Loss	<div style="border: 1px solid black; width: 60px; height: 20px;"></div> am / pm
Place where loss occurred	<div style="border: 1px solid black; height: 25px;"></div>		
Describe fully how loss or damage occurred (If a sketch of damage is appropriate, please use space below).	<div style="border: 1px solid black; height: 25px;"></div> <div style="border: 1px solid black; height: 25px;"></div> <div style="border: 1px solid black; height: 25px;"></div> <div style="border: 1px solid black; height: 25px;"></div>		
Have you ever suffered similar loss or damage ? if Yes, please provide details Yes <input type="checkbox"/> No <input type="checkbox"/>			
<div style="border: 1px solid black; height: 25px;"></div>			
Sketch Plan / List of items Stolen or Damage / Additional Information.			
<div style="border: 1px solid black; height: 150px;"></div>			

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

Members of the Association of British Insurers
Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority & the Prudential Regulation Authority

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