

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: 40%;" type="text"/> | Date of Birth | <input style="width: 40%;" type="text"/> |
| Address | <input style="width: 95%;" type="text"/> | | |
| | <input style="width: 95%;" type="text"/> | | |
| | <input style="width: 50%;" type="text"/> | Post Code | <input style="width: 10%;" type="text"/> - <input style="width: 10%;" type="text"/> |
| Business or Occupation | <input style="width: 95%;" type="text"/> | | |
| Business Telephone. No | <input style="width: 15%;" type="text"/> - <input style="width: 25%;" type="text"/> | Residence Telephone. No | <input style="width: 15%;" type="text"/> - <input style="width: 25%;" 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"/> | | |
| 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 Damaged / Additional Information. | | | |
| <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | | | |

ADDITIONAL INFORMATION IF CLAIM IS DUE TO LOSS OR THEFT

When and where was the 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 was the loss reported and when?

Name of Police Station

Tel No.

—

Date

Police Station Address

Have 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

VAT Number

PRIVACY AND YOUR PERSONAL INFORMATION

China Taiping Insurance (UK) Co Ltd are the data controller (as defined by the UK Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) in respect of this contract of insurance. **We** may obtain, collect and process **your** personal information for the purposes of entering into and performing **our** insurance contract with **you**.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** Privacy Notice which is available on our website at: <https://uk.cntaiping.com/uk-privacy/>

If **you** do not have access to the Internet, please write to **our** Data Protection Officer (at the address shown below) with **your** name and address and a copy will be sent to **you** in the post.

In summary, **we**, may, as part of our agreement with **you** under this contract, collect personal information about **you**, including:-

- Name, address, contact details, date of birth and cover required
- Financial information such as previous credit history, bank details
- Details of any previous insurance claims.
- Information for Employers' Liability Database records (if Employers' Liability insurance is included)

We may also collect sensitive personal information about **you**, and any additional people who **you** wish to be insured under the policy, including medical records to validate a claim should **you** be claiming for sickness or an accident.

We collect and process **your** personal information for the purpose of insurance and claims administration.

Telephone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on **our** behalf (for example, premium collection and claims validation, or for communication purposes related to **your** cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** Privacy Notice.

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). Where such transfers occur, **we** ensure that they do not occur without **our** prior written authority and that an appropriate transfer agreement is put in place to protect **your** personal information to an equivalent standard to that found in the EEA.

We will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share **your** information if **we** are required to by law. **We** may share **your** information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided **we** can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** Privacy Notice, please contact **our** Data Protection Officer at:-

China Taiping Insurance (UK) Co Limited;
2, Finch Lane, London EC3V 3NA
E-mail: dataprotectionofficer@uk.cntaiping.com
Tel: (0044) (0)20 7839 1888

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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