



**PROPERTY CLAIM FORM  
PLEASE COMPLETE ALL SECTIONS**

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**Section 1 – The Insured**

Policy No: .....  
Policyholder.....  
Risk Address.....  
.....Post Code.....  
Correspondence Address .....  
.....Post Code.....  
Nature of Business.....  
What year did the policy holder(s) start trading at these premises (YYYY).....  
Tel No..... Contact Name.....

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**Section 2 – The Event**

Date..... Time..... Place.....  
Name of person(s) who discovered the loss?.....  
Have the police been notified? Yes No  
If (Yes) please provide the crime number, station reported to and the telephone number

Please State the **FULL** details of the loss OR damage and **HOW IT OCCURRED:**  
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**Section 3 – Property**

Is the policyholder(s) the sole owner(s) for which the claim is being made? Yes No  
If No, please provide details of other interested parties  
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Does any part of the Buildings, Outbuildings, and Attached Buildings have a;  
Flat roof area Yes    No

If (Yes) please advise the construction of the flat roof and approximate size

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Were the premises occupied at the time of the occurrence Yes    No

If No, what time and date were the premises last occupied?

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How many years has the policyholder(s) been trading from the loss address premises? .....

Has the policyholder(s) made a previous claim against any insurer Yes    No

If Yes, please provide details

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Are there any other insurance's in force at the time of the occurrence whether effected by the  
policyholder(s) or any other person(s) Yes    No

If (Yes) please provide details

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Is the policyholder(s) registered for VAT Yes    No

If (Yes) please give details

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#### **Section 4 – Breakage of Glass**

Where situated.....

Size.....

Cause of breakage.....

Name and Address of person who caused the damage, if not yourself or an employee

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Total amount claiming for glass

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**Section 5 - Buildings**

Specify separately each room or building damaged / destroyed

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Age of building or damaged fixtures / fittings

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Date when last decorated

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Amount of estimate (please forward repair or replacement estimate)

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Net amount claimed

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**Section 6 – Contents**

Description of articles lost / damaged

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Date acquired

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From whom obtained (make / name)

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