
PROPERTY CLAIM FORM

Name (BLOCK CAPITALS) _____ Policy Number _____
Address _____ Agency _____
Postal Code _____ Property Type: ___ Private | ___ Commercial
E-Mail Address _____
Mobile / Work / Home Tel: _____/_____/_____

Details of Loss

Please give the following information about the loss/damage:

(a) Date (DD/MM/YY) _____ Time _____ (a.m./p.m.)
(b) Type of loss: Water Fire Burglary Smoke Accidental Damage Other

If other, please specify: _____

Have you ever sustained any loss or damages to the insured property? Yes No

If yes, when? _____

If the damage is to the building, please state:

(c) Is the premises unoccupied due to loss: (Yes/No)

(d) Are you the owner of the premises, or responsible for repairs? If tenant, is responsibility imposed by lease?

(e) Names and addresses of any witnesses _____

(f) Give full details of the circumstances giving rise to the loss or damage: _____

Additional Information

(g) Is the property for which you are claiming also insured under another policy, e.g., a policy affected by you or another party under an All Risks, Burglary, Office Renters, etc? If so, give particulars _____

(h) Is there a mortgagee involved, if so please indicate _____

(i) Have you taken photos of the loss/damage: (Yes/No)

(j) Have repairs been undertaken? (Yes/No) If yes, please provide receipts.



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(k) Have you ever before sustained a loss or damage of this nature? If so, please give brief details.

COMPLETE ONLY WHERE ITEMS ARE LOST OR STOLEN

(l) Have the police been notified and if so, at what station? _____

(m) If Theft, how was entry gained to the premises? _____

(n) If there is no evidence of Theft or a forcible entry to the premises, has a thorough search been made for the missing articles? _____

(o) If premises are unoccupied, at what time and when were they last occupied visited? _____



*Please Note: - The Policy is a contract of INDEMNITY and, subject to the Sums Insured under the policy, all claims must be based upon the actual value of the insured property at the time of the Theft, Loss, Damage, or Breakage (allowing for any depreciation, wear and tear), unless the basis of claim settlement as defined in the policy, or clause(s) incorporated therein, permits or stipulates otherwise.

COMPLETE THE APPROPRIATE SECTION(S)

Buildings, Fixtures and Fittings, and/or Breakage of Sanitary Fixtures (Tradesman’s Estimate Required):

<u>Description of Property Destroyed or Damaged</u>	<u>Approx. Age</u>	<u>Estimate Cost of Repair</u>	<u>Amount Claimed</u>



Stocks, Contents, and/or Personal Effects:

Household Goods – If articles can be repaired, tradesmen’s estimate should be furnished.

Trade Stocks – Invoice prices and discounts and the value of the salvage should be stated.

<u>Description of Property Destroyed, Damaged or Missing</u>	<u>Approximate Date of Purchase</u>	<u>Amount Paid</u>	<u>Value Before Damage (allowing for wear and tear and depreciation)</u>	<u>Amount Claimed (allowing for any salvage)</u>

Breakage of Glass (Tradesman’s Estimate required):

<u>No. of Squares</u>	<u>Whether Window, Door, etc.</u>	<u>In glass in a conservatory, green-house, verandah or outbuilding?</u>	<u>Kind of Glass Broken</u>	<u>Sizes in Inches/MM</u>		<u>Whether Cracked or Broken out</u>
				<u>Height</u>	<u>Width</u>	

N.B. – If you have NOT already given instructions for replacement, do you wish the Company to do so? Yes/No

DECLARATION: I/We declare that the statements overleaf are true and to the best of my/our knowledge and I/We claim the amount stated above in respect of the property mentioned.

Date: _____

Signature: _____

DISCLAIMER: I agree that the claims advisor/examiner has explained the claims process and that I, the Insured/Claimant, understand the process and procedures to be undertaken to bring this matter to conclusion based on parameters that were explained. I also agree that any information obtained may be shared, where necessary, to any party in determining the circumstances of this loss, in accordance with the Data Protection Act.

Date: _____

Signature: _____

