

PROPERTY CLAIM FORM

DETAILS OF INSURED

Policy Number	
Name of Insured	
Company Name	
Address	
	Post Code
Telephone Number	
Are you registered for VAT? State YES or NO If YES, status (if partially exempt give % of exemption)	

INFORMATION ABOUT THE LOSS/DAMAGE (Please detail overleaf the property lost or damaged)

When did the loss/damage occur ?	Day	Month	Year	Time
How did the loss/ damage occur?				
Address at which loss/damage occurred ?				
Were the premises unoccupied at the time of loss/damage ? State YES or NO				

FURTHER DETAILS (only complete if claim is for Theft, Damage by Malicious Persons or Accidental Loss)

When and by Whom was loss/damage discovered?	
In the event of Theft : a) When was loss reported to the Police b) How was access gained c) Do you suspect any person, if so, whom	
To which Police Station was it reported	
Crime Report Reference No. if available	
Have you sustained any previous losses in respect of risks covered under this policy? If yes, give details	
Do you have any other policy which would also cover items claimed for? If so, give name and address of Insurers and Policy No.	

