

# COMMERCIAL CLAIM FORM

**CLAIMS REFERENCE:** \_\_\_\_\_

*Please write in BLOCK CAPITALS*

• **DETAILS OF POLICY**

1. Policy number \_\_\_\_\_

• **DETAILS OF INSURED**

2. Name of Insured (please complete A or B)

A Title (Mr/Mrs/Miss/other) \_\_\_\_\_ Forenames \_\_\_\_\_ Surname \_\_\_\_\_

B Company Name \_\_\_\_\_

Address:

Postcode: _____
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Tel No. (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Extn. No.) \_\_\_\_\_

3. Are you registered for V. A.T.? (YES/NO) \_\_\_\_ If YES, status (or % exemption) \_\_\_\_\_

• **INFORMATION ABOUT LOSS/DAMAGE**

4. When did the loss/damage? Day \_\_\_\_\_ Month \_\_\_\_\_ Time \_\_\_\_\_

5. How did the loss/damage occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Address at which the loss/damage occurred \_\_\_\_\_

\_\_\_\_\_

7. Were the premises unoccupied at the time of loss? State YES or NO

If YES, when were they last occupied? \_\_\_\_\_

• **FURTHER DETAILS**

8. (a) When and by whom was loss discovered? \_\_\_\_\_  
(b) By whom was the discovery witnessed? \_\_\_\_\_
9. When and where were you last definitely in possession of the property? \_\_\_\_\_
10. When was the loss reported to the police and by whom ? \_\_\_\_\_
11. To which Police Station? \_\_\_\_\_
12. Please advise the Police crime reference number for this loss \_\_\_\_\_
13. (a) By what means was access gained to the premises? \_\_\_\_\_  
(b) Were any doors or windows forced? YES or No \_ If YES, which? \_\_\_\_\_  
(c) Were premises securely locked at time of loss? YES or NO \_\_\_\_\_
13. Do you suspect any person(s)? YES or NO \_ If, YES, whom? \_\_\_\_\_
14. What enquiries have been made and what steps have been taken to recover property lost?
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• **PREVIOUS LOSSES**

15. Have you ever sustained loss or damage by any of the risks insured by this policy? YES or NO If YES, please give details (*please continue on a separate sheet if necessary*):

