PROPERTY CLAIM FORM

Please wr	rite in BLOCK CAPITALS	CLAIMS REFERENCE	E:	
• DET	AILS OF POLICY			
1. Polic	cy number			
• DETA	AILS OF INSURED			
2. Nam	e of Insured (please complete A o	r B)		
A	Title (Mr/Mrs/Miss/other)	Forenames	Surname	
В	Company Name			
	Address:			_
		Postcode:		
	Tel No. (Home)	(Business)		(Extn. No.)
2 Amar	and a signal for V A T 2 (VEC/NI	O) If VEC status (or 0/ or or or or	:)	
3. Are y	ou registered for V. A.1.? (YES/N	O)If YES, status (or % exempt	ion)	
INEO	ORMATION ABOUT LOSS/DA	MACE		
			Vinn o	
		Month T		
o.iiow uic				
		I		
7. Were	e the premises unoccupied at the ti	me of loss? State YES or NO		
If VI	ES when where 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?						
	To which Police Station?	_					
	Please advise the Police crime reference number for this loss	_					
	(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?						
	What enquiries have been made and what steps have been taken to recover property lost?						
•	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):						

CF04 • **DETAILS OF CLAIMS**

If you are not the

16. Whenever possible attach a detailed estimate for repair. In the case of damage to a building it is not necessary to enter purchase and cost details. Please ensure that all damaged property is protected from further deterioration and is kept until permission to dispose of it is received from the insurer or their representative.

Cost

Estimate cost

When

If applicable allowance

Net

escription of property lost, estroyed or damaged	sole owner, please give details of other parties and their Interest	purchased	price	estimate cost of repair or replacement	allowance for wear & tear	amount claimed
OTHER INSURANCE 7. If the property is covere (a) Name and Address	ed under any other policy	y, please comp	olete the fo	llowing:		
			(R) Police	/ No		

DECLARATION

I/we declare that to the best of my/our knowledge and belief all information given on this claim form is correct.

Signature of Policyholder(s)	Date