

PROPERTY CLAIM FORM

Please complete fully in BLOCK CAPITALS. If insufficient space append separate sheet of paper.

Policy No.	<input style="width: 90%;" type="text"/>	Broker	<input style="width: 90%;" type="text"/>
1. Name	<input style="width: 98%;" type="text"/>		
2. Address	<input style="width: 98%;" type="text"/>		
	<input style="width: 98%;" type="text"/>		
			Post Code
	Tel No	Fax No	
3. Business (if more than one state all)	<input style="width: 98%;" type="text"/>		
4. Are you registered for VAT?			YES or NO
If YES is VAT recoverable from the Tax Authorities?			YES or NO
If YES how much is recoverable?	<input style="width: 98%;" type="text"/>		
5. Are there any other insurances covering this incident?			YES or NO
If YES give details	<input style="width: 98%;" type="text"/>		
6. Are you the sole owners of the property damaged or lost?			YES or NO
If NO, give details	<input style="width: 98%;" type="text"/>		
7. Date of loss or damage	<input style="width: 90%;" type="text"/>		Time <input style="width: 90%;" type="text"/>
8. Place	<input style="width: 98%;" type="text"/>		
9. When and by whom discovered?	<input style="width: 98%;" type="text"/>		
10. State fully the cause of the loss or damage and give full details of how it occurred and if known the name and address of the party responsible, if any.	<input style="width: 98%;" type="text"/>		
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11. If fire, did brigade attend?			YES or NO <input style="width: 90%;" type="text"/>
12. If theft or malicious damage, state full address and crime reference no. of Police Station to which notice was given with time and date.	<input style="width: 98%;" type="text"/>		
	<input style="width: 98%;" type="text"/>		
13. If Theft, how was entry gained to the premises?	<input style="width: 98%;" type="text"/>		

INSURED

**CIRCUM-
STANCES**

