



COMMERCIAL COMBINED INSURANCE CLAIM REPORT

Please answer all questions on this page as fully as possible and relevant sections on other pages
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate

INSURED

Certificate No _____ Renewal Date _____

Insured's Name _____

Address _____

_____ Post Code _____

Telephone: Home _____ Work _____

Business _____

Are You VAT Registered? Yes No

If 'YES' state whether you can recover VAT relating to the property for which you are claiming
(i) Completely (ii) Partially (iii) Not at all (Please tick as necessary)

If you can recover only partially, indicate reason and percentage recovery _____

If you cannot recover any VAT state reason _____

THE EVENT

Date _____ Time _____ am/pm

When and by whom discovered _____

If known, state name and address of person causing the loss or damage _____

Address where the event occurred _____

_____ Post Code _____ Tel No _____

State rooms or area affected _____

State fully what happened _____

Are your premises protected by an alarm? Yes No

If 'YES' did it operate? Yes No

If illegal entry, which windows or doors were forced or in what other manner was entry effected? _____

Were the premises occupied at the time? Yes No If 'NO' state date and time they were last occupied

Date _____ Time _____ am/pm

State time and date police were advised, name of station and officer's number _____

(inform police at once if the claim is for articles lost or stolen or maliciously destroyed or damaged)

THE PROPERTY LOST OR DAMAGED

Are you the owner? Yes No If 'NO' state name and address of the owner

Name and Address _____

Give name(s) of any other party having an interest in the property _____

Are there any other insurances on the property? Yes No

If 'YES' give details (including name, address and policy no of other insurers) _____

State total value of insured property:

Building £ _____ Stock £ _____ Other Property £ _____

State Nature of occupancy of premises _____

Are you responsible by agreement for the property? Yes No If 'YES', please forward a copy of the agreement

Have you ever before made a claim of this nature on any insurance company or underwriter? Yes No

If 'YES', give details:

Nature of claim _____ Date of loss _____

Name of insurers _____ Amount paid £ _____

DETAILS OF BUILDING CLAIM

Tradesman's estimates should be attached

Description of property	Age of Building or damaged Fixtures/fittings	Date when last decorated	damaged or destroyed Estimated Cost of Repair £	Allowance for Depreciation (Wear and Tear) £	Net Amount Claimed £

If necessary please continue on a separate sheet

DETAILS OF CONTENTS, INCLUDING MONEY

(Mark an X in the last column if articles are on loan, hire or belong to a customer)

Description of articles (attach estimates for repairable articles)	From who obtained (name and address)	Date acquired or manufactured	Cost (net or profit and VAT) price	Value of salvage Net amount of claim	less depreciation, salvage, profit and VAT etc	VAT if claimed
			£	£	£	£

If necessary continue on a separate sheet

BREAKAGE OF GLASS

Size _____ Type _____

Was glass sound previous to breakage? Yes No

Do you require the reglazing deferred until further notice? Yes No If 'YES' give reasons _____

Situation (e.g. door, window, showcase, etc.) _____

BUSINESS EQUIPMENT

Description _____

Maker's Name and Model _____

Serial Number _____ Date Purchased _____ Price Paid £ _____

Description of damage _____

FROZEN FOODS

Make and Model of refrigeration Unit _____

Serial No _____

Date Purchased _____ Value of Contents £ _____

Is freezer subject to a maintenance contract? YES NO

If 'YES' give name and address of maintenance company and supply copy of maintenance agreement _____

Date of last service _____

NB Any claim must be accompanied by a condemnation certificate issued by your local environmental health officer

DECLARATION

I / We declare that to the best of my / our knowledge and belief the above is a full and accurate statement and I / We therefore claim the

Sum of £ _____

Date _____

Signature of Policyholder _____