



PROPERTY CLAIM FORM

1: Policyholder Details

Policy Number	
Policyholder	
Contact	
Phone Number	
Address	
Post Code	
Excess	

2: Claim Details

Name of person notifying the claim and role	
Date of Loss (dd/mm/yyyy)	
Loss Address	
Type of Claim	Accidental Damage

a) What has happened and the extent of the damage/loss?

- Please provide full details of what has happened and how the damage was caused
- Please provide full details of the damage and extent of this damage, to include all items and areas affected.
- Also confirm if any repairs have been undertaken and / or damage estimates or costs.
- Finally please clarify whether the business is able to trade or whether the property is uninhabitable.

3: Additional Information

Accidental Damage

Claim Type	Additional Information	Answer
Accidental Damage	Type of Premises	
	Areas/items affected?	
	Damage caused by a Third Party? (If yes, Third Party details)	
	What items are being claimed for?	
	Does the policyholder own the items being claimed for and are they responsible for repairs?	
	Are all items claimed for beyond economic repair? (If yes, do you have an engineer report to confirm this?)	
	Do you have Original Purchase Receipts?	
	Any repairs carried out?	
	Estimates obtained?	
	Premises occupied?	
	If no to above, when were they last occupied?	
	Is the property habitable?	
	Still able to trade? (if applicable)	
	Computer/laptop damaged?	
	Previous Claims	
Details of Any Other Policies:		

4: Other Interested Parties (e.g. tenant/property management agent)

Party and Name

Telephone No

Email

Correspondence Address

Preferred method of contact

Party and Name

Telephone No

Email

Correspondence Address

Preferred method of contact

Full Name	
Date	
Signature of Insured	