



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	Business Interruption

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

Business Interruption

Claim Type	Additional Information	Answer
Business Interruption	Type of Premises	
	Who caused the damage?	
	If caused by another party, full details	
	Incident reported to the police?	
	Crime ref and police station	
	Length of interruption in time?	
	What are the normal working hours	
	Actions taken to minimise loss?	
	Are the Premises Occupied?	
	If no to above, when were they last occupied?	
	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	