



PROPERTY CLAIM FORM

1: Policyholder Details

| | |
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| 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 | Impact 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

Impact Damage

| Claim Type | Additional Information | Answer |
|----------------------|---|--------|
| Impact Damage | Type of Premises | |
| | Is impact by a third party? If yes, please provide details | |
| | Third Party admitted liability? | |
| | Third Party Insurer details | |
| | Any witness or CCTV? | |
| | Impact by own vehicle/driver? | |
| | Reported to the police? | |
| | If yes, Crime Ref & Police Station | |
| | Does the policyholder own the items being claimed for and are they responsible for repairs? | |
| | Estimates obtained? | |
| | Cost of repairs | |
| | Property occupied? | |
| | If no to above, when were they last occupied? | |
| | Is property habitable? | |
| | Still able to trade? (if applicable) | |
| | 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

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Party and Name

Telephone No

Email

Correspondence Address

Preferred method of contact

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|-----------------------------|--|
| Full Name | |
| Date | |
| Signature of Insured | |