



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	Subsidence

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

Subsidence

Claim Type	Additional Information	Answer
Subsidence	Type of Premises	
	When was the damage first noticed?	
	Is the cause known? If yes please provide details:	
	Anyone else responsible?	
	Premises occupied?	
	If no to above, when were they last occupied?	
	Is property habitable?	
	Still able to trade? (if applicable)	
	Estimates obtained?	
	Cost of repairs	
	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