Commercial Property Report Form



POLICYHOLDER

Policy Number
Full Name
Occupation
Postal Address
Postcode
Home Telephone Number Work Telephone Number
Mobile Telephone Number Email address
Are you VAT registered? If Yes what percentage can you recover? %

INCIDENT DETAILS

Date of Incident		Time of Incident		
Risk Address				
Postcode				
State exactly hov	v the incident occurred			
Was the propert	/ unoccupied at the time of the in	cident?		
If YES, for how lo	ng was the property unoccupied	prior to the incident ?		
Was the property	y unfurnished at the time of the a	ccident?		
Have you made a	ny previous property claims?			
If YES, please giv	ve details			

LOSS/THEFT/MALICIOUS DAMAGE	
Date and time incident reported to the Police	

Crime Reference Number (obtained from the Police)

Police Station reported to

If theft from a building, how was entry gained?

Were there any visible signs of forced entry to the building?

If Yes, please give details

PARTICULARS OF CLAIM

It is necessary for you to prove your loss, please enclose documentation such as photographs and receipts to support the existence of the items

Description make/ model/serial no	Original price (£)	Receipt enclosed?	Repairable?	Estimated cost of repair/replacement	Amount claimed (£)	Date of purchase

PARTICULARS OF CLAIM (CONTINUED)
Please provide estimates for repairs / replacements if obtained
Have you instructed repairs?
Do you hold any other insurance policies which may also cover this incident, e.g. travel insurance?
If YES, please give details : -
Insurer
Policy Number
Has anyone else a financial interest in the property, e.g. owner, mortgage company?
If YES, please give details

DECLARATION

I/We declare that these particulars are true to the best of my/your knowledge (in case of joint policy holders, both should sign)

Signature	Date	



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