

# 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 how the incident occurred

Was the property unoccupied at the time of the incident?

If YES, for how long was the property unoccupied prior to the incident ?

Was the property unfurnished at the time of the accident?

Have you made any previous property claims?

If YES, please give details



## 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



**DAVID  
ROBERTS  
& PARTNERS  
GROUP**