

Commercial Property Report Form

DAVID
ROBERTS
&PARTNERS
GROUP

POLICYHOLDER

Policy Number	<input type="text"/>		
Full Name	<input type="text"/>		
Occupation	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>		
Home Telephone Number	<input type="text"/>	Work Telephone Number	<input type="text"/>
Mobile Telephone Number	<input type="text"/>	Email address	<input type="text"/>
Are you VAT registered?	<input type="checkbox"/>	If Yes what percentage can you recover?	<input type="text"/> %

INCIDENT DETAILS

Date of Incident	<input type="text"/>	Time of Incident	<input type="text"/>	<input type="text"/>
Risk Address	<input type="text"/>			
	<input type="text"/>			
Postcode	<input type="text"/>			
State exactly how the incident occurred				
<input type="text"/>				

Was the property unoccupied at the time of the incident?	<input type="checkbox"/>
If YES, for how long was the property unoccupied prior to the incident ?	<input type="text"/>
Was the property unfurnished at the time of the accident?	<input type="checkbox"/>
Have you made any previous property claims?	<input type="checkbox"/>
If YES, please give details	<input type="text"/>
<input type="text"/>	

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?

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**

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

If Yes, please give details

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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

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