**Property Claim Report Form**

***In the event of a claim or incident, please notify your insurance broker.***

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| Policyholder Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy Number | |  | | | | | | | | | | | | | | | | | | | | | | | | Name of Insured | | | | |  | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number | |  | | | | | | | | | | | | | | | | | | | | | | | | Email Address | | | |  | | | | | | | | |
| Is the policyholder registered for VAT? | | | | | | | | | | YES / NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payee details for our records, should the claim be accepted. | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Your Property | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you the sole owner of the buildings? | | | | | | | | | | | YES / NO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give the name and address of any other party with an interest in your property, (bank, building society, HP Company, etc): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you legally liable as tenant for damage to the property? | | | | | | | | | | | | | | | | | | | | | YES / NO | | | | | | | | | | | | | | | | | |
| YES, please advise the identity of the landlord and forward a copy of your tenancy agreement. | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| State purpose(s) for which the premises are used or nature of work carried on at the site: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Was there an alarm set (if premises break in)? | | | | | | | | | | | | | | | | | | YES / NO | | | | | | | | | | | | | | | | | | | | |
| State total value of insured premises/property | | | | | | | | | | | | | | | Buildings: | | | | | | | | | | | |  | | | | | | | Machinery: |  | | | |
| Fixtures/Fittings: | | | | | | | | | | | |  | | | | | | | Stock: |  | | | |
| All other contents: | | | | | | | | | | | |  | | | | | | | | | | | |
| Are there any other insurances on the property? | | | | | | | | | | | | | | | | YES / NO | | | | | | | | | | | | | | | | | | | | | | |
| If YES, give details: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever before made a claim for damages to or loss of property on any insurance company or underwriter? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES / NO | | |
| If YES, give details of nature of Claim: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Insurers: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Amount paid £ | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you or any director or partner ever been convicted of any criminal offence involving arson, theft or dishonesty? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES/NO |
| If YES, give details (impending proceedings must also be disclosed): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of Incident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date and Time of Loss: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any CCTV within the area or witnesses | | | | | | | | | | | | YES / NO | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If YES, please provide details | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where the claims relates to theft from a vehicle, please advise; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where was the vehicle parked? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was this overnight? | | | | | | | YES / NO | | | | | | | | | | | | | | | | | | | | If YES, was the employee “on call”? | | | | | | | | | YES / NO | |
| *If the insured was “on call” please supply the “on call” log / schedule from the employer* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was there any forcible entry to the vehicle? | | | | | | | | | | | | | | | | | | | YES / NO | | | | | | | | | | | | | | | | | | |
| Was there an alarm or immobiliser on the vehicle? | | | | | | | | | | | | | | | | | | | | | | | | YES / NO | | | | | | | | | | | | | |
| If YES, did it activate? | | | | | | YES / NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where were the items stored within the vehicle? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Who owned the stolen items - insured, employee or were they hired in? | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Were the tools part of this contract only or were they constantly stored within the van/car? | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| *If hired in equipment, please supply the hire invoice and the terms and conditions for hire.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Details of Claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of loss | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who discovered loss | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | When | |  | | | | | | | |
| State fully how the loss or damage occurred: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If your claim is for an article lost, stolen or maliciously damaged, the Police must be advised immediately.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Police advised: | | | | | | | | |  | | | | | | | | | | | | | | | Address of Police Station | | | | | | | |  | | | | | | |
| Crime Reference No: | | | | | | | | |  | | | | | | | | | | | | | | | Officer name & number: | | | | | | | |  | | | | | | |
| **(Damaged property should be retained for inspection if required).**  **Where applicable, attach estimates/invoices/receipts for repair or replacement, but do not delay submission of this form if estimates are not immediately available.**  **Please provide original purchase receipts (please note a deduction of 50% will be made for items where no original invoices are provided), along with any photographs of the break in.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| Description of Property | Where & When acquired | Original Cost | Replacement Cost | Amount Claimed |
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| Completed by | | | |
| I confirm that the information contained in this form is true and complete to the best of my knowledge and believe that I have no other insurance which will respond to this claim.  (THIS FORM MUST BE SIGNED BY A DIRECTOR OR PRINCIPAL) | | | |
| Name |  | | |
| Signature |  | Date |  |

**Your insurance broker will need to pass the completed form onto Sutton Specialist Risks Ltd.**