**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. |  |
|  |
| 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 £ |  |
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| 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): |  |
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| 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.* |
|  |
| 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.**