

Property Claim Form	
Policy number	First name
Surname	Address
Postcode	Phone number
Email address	Occupation
VAT registered? Yes/No	Date
Where did the loss/damage occur?	Describe fully how loss/damage occurred?
In the event of theft, was the alarm activated?	Were the police notified?
If yes, address of station?	Date of notification to police
Police Crime Reference Number	Were the Fire Brigade called?

<p>If yes, address of station?</p>	<p>Was any person responsible for loss/damage? If yes, say why</p>
<p>Name of person responsible</p>	<p>Address of person responsible</p>
<p>Pease State Insurer's Name <i>If they are insured against causing this incident</i></p>	<p>Insurer's Address</p>
<p>Policy Number</p>	<p>State Insurers Name, Address and Policy Number <i>If they are insured against causing this incident</i></p>
<p>Type of Premises?</p>	<p>Were the premises unoccupied? Yes/No</p>
<p>Are you the owner of the premises?</p>	<p>If yes, when last occupied?</p>

If no, please give name and address of owner

Are you responsible for repairs? Yes/No

Is there any other policy in force providing cover for this incident?

If yes, please give details to include Insurers name, address and policy number

What is the total of buildings/contents?

What is the total of stock/plant and machinery on the premises?

Have you ever suffered similar loss/damage? If yes, please give details

List/Description of Contents Destroyed/Damaged

Extent of Damage	Owner of Articles/Property
Date of Purchase	Cost Price
Replacement Cost	Value at the time of damage <i>Allowing for wear and tear where applicable</i>
Salvage value?	Sum Claimed