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**CLAIM FORM**

**Section 1 Risk Details**

Policy/Certificate Number	
Name of Insured	
Address of Insured	
Telephone Number	Postcode
Risk Address if no as above	
Telephone Number	Postcode
Address/Location where loss/damage occurred	
Telephone Number	Postcode

Are you the owner of the property? *Insert YES or NO*

If "NO", are you responsible for repairs? *Insert YES or NO*

If 'YES', give reason e.g. Lessee, Mortgagor etc.

Type of Premises

Are the premises unoccupied? *Insert YES or NO*

If 'YES', give date/time last occupied

Date	/	/	Time	am/pm
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Type of Business:

Are you a registered Trader for VAT purposes?

If 'YES', can you recover the VAT relating to the property for which are claiming?

- (i) Completely )
- (ii) Partially ) (delete as applicable)
- (iii) Not as all )

If you can recover only partially, indicate the reason of percentage recovery

Is the property being claimed for insured under any other policy? *Insert YES or NO*

If 'YES' give insurer's details and Policy Number

Insurer:

Policy:

**Section 2 Loss/Damage**

Date & time of Loss/Damage

Date	/	/	Time	am/pm
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Date, time and by whom was loss or damage discovered?

Date	/	/	Time	am/pm
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Full Details of circumstances of Loss/Damage:

Use separate sheet as necessary



