

# PROPERTY REPORT FORM

14 – 16 Ivegate, Yeadon Leeds LS19 7RE  
Tel No. 0113 2506614 - Fax No. 0113 3879799



Please make sure that all relevant sections are completed

**CLIENT INFORMATION** (must be completed)

Name of Policyholder \_\_\_\_\_

Contact (including tel. no) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

VAT Registered                      YES / NO                      If YES, % recoverable \_\_\_\_\_

**EVENT** (must be completed)

Date of Incident \_\_\_\_\_                      Time of Incident (if known) \_\_\_\_\_

State in full the cause and circumstances of the loss or damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. PROPERTY DAMAGE** (must be completed)

List all damaged items with approximate values and provide copy purchase receipts (if available), or proof of ownership (photographs, operation manuals etc.):-  
If insufficient space, please continue on a separate sheet

**A1. CONTENTS**

| Description of item | Original cost | Year purchased | Cost to repair/replace (please attach estimate) | Repairable? YES/NO |
|---------------------|---------------|----------------|---|--------------------|
|                     |               |                |   |                    |
|                     |               |                |   |                    |
|                     |               |                |   |                    |
|                     |               |                |   |                    |
|                     |               |                |   |                    |
|                     |               |                |   |                    |
|                     |               |                |   |                    |

**A2. BUILDINGS**

| Details of damage to building | Age of building | Date when last maintenance undertaken | Amount of estimate | Extent of damage |
|-------------------------------|-----------------|---------------------------------------|--------------------|------------------|
|                               |                 |                                       |                    |                  |
|                               |                 |                                       |                    |                  |
|                               |                 |                                       |                    |                  |

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## B. DETAILS OF PROPERTY

Address/Location where loss/damage occurred \_\_\_\_\_

Are you the owner of the property? YES/NO                      If NO, please give details \_\_\_\_\_

Is the property left unoccupied?                      YES/NO

If YES, please confirm the date/time the property was last inspected? \_\_\_\_\_

## C. THEFT (complete if applicable)

How was entry gained to the premises? \_\_\_\_\_ Was there an alarm? YES / NO

If YES, did it activate? YES / NO

Are the premises now secure? YES / NO (if so, please provide invoices for any emergency repairs carried out)

Crime reference number and police details \_\_\_\_\_

Name and telephone number of the relevant police station \_\_\_\_\_

Name/Address of any witnesses \_\_\_\_\_

## D. ESCAPE OF WATER (complete if applicable)

Please state the cause of the leak \_\_\_\_\_

Has it been repaired? YES / NO                      If YES, please provide the plumber's invoice for our records

Are the electrics affected? YES / NO                      If YES, has an electrician made them safe?

Will dehumidifiers be required? YES / NO

## E. BUSINESS INTERRUPTION (complete if applicable)

Are you still able to operate? YES / NO

If NO, please state why, and how long is this likely to last? \_\_\_\_\_

If NO, please advise how much money the business has lost or is likely to lose (for estimate purposes) \_\_\_\_\_

What actions have you taken to continue operating? \_\_\_\_\_

## F. ADDITIONAL COMMENTS

Please add any additional information not catered for above \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If damage caused by impact from a vehicle, please confirm the following:-

Name of Third Party \_\_\_\_\_ Registration of vehicle \_\_\_\_\_

Address \_\_\_\_\_ Tel Number \_\_\_\_\_

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## Please read and sign the following declaration

I/We declare that the above is a full and accurate statement, and I/we therefore claim the sum of £ as the amount due to me/us in respect of the loss of or damage to the property detailed. The damaged property should be protected from further deterioration but should not be disposed of until permission is given by the Insurers or the appointed Adjusters.

### VERY IMPORTANT – FRAUD AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence the assessment or acceptance of this claim, or one that is likely to influence consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

**FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM WILL NOT BE MADE.**

I/We declare the foregoing particulars to be correct to the best of my knowledge and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

### SIGNED FOR & ON BEHALF OF:-

**Signature of Insured:**

**Name:**

**Position:**

**Date:**