



BUSINESS PREMISES / PROPERTY CLAIM FORM

INSURER:		
Policy No:	Client Ref:	Claim No: (If Known)

NOTE: Please use separate sheet(s) of paper to respond to questions if there is insufficient space on the form

POLICYHOLDER

Name:			
Address:			
		Postcode:	
Telephone No:		Fax No:	
Email:			
Contact Name:			
Occupation:			

Are you registered and accountable for VAT? YES NO

If "Yes" state rating (full, partial, exempt) % if partial.

THE EVENT

1.	The address of where the event occurred and how occupied:	
----	---	--

2.	Date and time of occurrence:	
----	------------------------------	--

3.	State fully how the loss or damage occurred:	
----	--	--

4.	If known, state the name and address of person causing the loss or damage:	
----	--	--

PROPERTY LOST OR DAMAGED

1. Were the premises occupied at the time? YES NO

If No, state time and date they were last occupied:	
---	--

2.	If illegal entry, which windows or doors were forced:	
	If premises protected by intruder alarm was alarm set and operative?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Did the alarm activate?	YES <input type="checkbox"/> NO <input type="checkbox"/>

3.	State date Police were advised:	
	Name of Station:	
	Officer's Number:	
	Crime reference Number:	
	Notification Number:	

Description of Property	Where Purchased	Date of Purchase	Cost Price (less discounts and VAT)	Value at time of loss. Allow for wear & tear	Value of Salvage	VAT Payable	Net amount claimed

5. In the case of theft from a safe or strongroom:

i)	Full details of safe including model number	
ii)	Was it securely locked at the time?	YES <input type="checkbox"/> NO <input type="checkbox"/>
iii)	How was it opened?	

6. Total value of property at the time of loss:

Buildings: £	Contents: £	Other Property: £
--------------	-------------	-------------------

CONTRACT WORKS

1. State form of Contract (e.g. JCT Minor Works):

--

2. Period of Contract:

--

3. State Total Value of Contract:

--

GENERAL

1. Are you the sole owner of the property for which the claim is made? YES NO

If no, please give full details of other interested parties:
--

2. Are there any other insurances in force on the property? YES NO

If yes, please give full details:

3. Have you previously suffered any loss or damage of this nature? YES NO

If yes, please give full details:

DECLARATION

I/We hereby declare that the information given is true to the best of my/our knowledge and belief.

Signature:	Date:
Print Name:	Position / Job / Title:

NOTE

1. Please complete the form fully and return it to Darwin Clayton (UK) Ltd as soon as possible.
2. Damaged property should be protected from further deterioration but should not be disposed of until permission is given.
3. Please forward invoices or other evidence of value or repair/replacement estimate which will assist in the settlement of the claim.

Darwin Clayton (UK) Ltd is Authorised and Regulated by the Financial Services Authority