



**BUSINESS PREMISES / PROPERTY CLAIM FORM**

<b>INSURER:</b>		
<b>Policy No:</b>	<b>Client Ref:</b>	<b>Claim No: (If Known)</b>

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

**POLICYHOLDER**

<b>Name:</b>			
<b>Address:</b>			
		<b>Postcode:</b>	
<b>Telephone No:</b>		<b>Fax No:</b>	
<b>Email:</b>			
<b>Contact Name:</b>			
<b>Occupation:</b>			

Are you registered and accountable for VAT? YES  NO

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

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

2.	Date and time of occurrence:	
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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:	
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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: £
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**CONTRACT WORKS**

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

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2. Period of Contract:

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3. State Total Value of Contract:

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**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:

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

If yes, please give full details:

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

If yes, please give full details:

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**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**

- Please complete the form fully and return it to Darwin Clayton (UK) Ltd as soon as possible.
- Damaged property should be protected from further deterioration but should not be disposed of until permission is given.
- 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 Conduct Authority**