
COMMERCIAL PROPERTY CLAIM FORM

SECTION 1 - YOUR DETAILS <i>(Please complete in all cases)</i>	
Policyholder's Name	
Address	
Postcode	
Business Occupation	
Telephone Numbers	
Day	
Evening	
Policy Number	
Are You VAT Registered?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(This question must be answered)</i>

SECTION 2 - GENERAL DETAILS	
Date & Time of Incident	
Address at which loss/damage occurred	
Postcode	
How did the loss/damage occur	
Name of persons responsible for loss/damage <i>(if applicable)</i>	
Address of Persons responsible for <i>(if applicable)</i>	
Postcode	
Registration of Vehicle (if applicable)	

IF PROPERTY WAS LOST, STOLEN, MALICIOUSLY DAMAGED OR VANDALISED - PLEASE ANSWER THE FOLLOWING QUESTIONS:

SECTION 3 - THEFT	
How was entry gained to the building	
Were there any visible signs of forced entry to the building?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>if yes, give details</i>
Date & time incident was reported to the Police	
Name & Address of the Police station reported to	
Police reference number	
Was an intruder alarm in operation at the time the incident?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the alarm active?	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECTION 4 - PARTICULARS OF CLAIM					
Description of Property Lost Stolen or Damaged	Date of Purchase	Original Purchase Price	Estimated Cost of Repair	Replacement Cost (if not repairable)	Amount Claimed

IF YOU HAVE OBTAINED ESTIMATES OR ACCOUNTS, PLEASE ATTACH & SEND THEM WITH THE COMPLETED CLAIM FORM

If water damage, has the source of the leak been rectified?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the claims is being submitted 30 days after the incident, please advise as to the delay	
Are you the tenant/Leaseholder?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, are you responsible, under the terms of your lease, for the damage claimed for?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the property owned by you?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>if No, who owns the property</i>
Is the property fully occupied?	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>if No, give details</i>
Please give details of any previous losses under this or any similar policy	

SECTION 5 - DECLARATION
I/We declared that the statements made are true to the best of my/our knowledge & belief & I/we claim the amount above in respect of the items mentioned. I/We have not withheld from the insurer any information within my/our knowledge connected with this claim

Signature of Policyholder(s)

Date

**PLEASE COMPLETE & RETURN THIS FORM TO
CADOGAN KEELAN WESTALL 4-9 HIGHVIEW HIGH STREET BORDON HANTS GU35 0AX**

REGISTERED OFFICE 4-9 HIGHVIEW, HIGH STREET, BORDON, HAMPSHIRE, GU35 0AX

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