

MATERIAL DAMAGE

CLAIM FORM

COMMERCIAL COMBINED INSURANCE CLAIM REPORT

Please answer all questions on this page as fully as possible and relevant section on other pages

Please complete all BLOCK CAPITALS throughout and tick boxes where appropriate

INSURED

Certificate Renewal Date

Insured's Name

Address
Postcode

Telephone No

Business

Are you VAT Registered? YES/NO

If YES state whether you can recover VAT relating to the property for which you are claiming

(i) Completely (ii) Partially (iii) Not at all (Please tick as necessary)

If you can recover only partially, indicate reason and percentage recovery

If you cannot recover any VAT state reason

THE EVENT

Date Time am/pm

When and by whom discovered

If known, state name and address of person who caused the loss or damage

Address where the event occurred

Postcode Tel No

State rooms or areas affected

State fully what happened

Are the premises protected by an alarm? If YES did it operate?

If entry was illegal, which windows or doors were forced, or in what other manner was entry affected?

Were the premises occupied at the time? If NO, state date and time they were last occupied

State the time and date police were advised, name of station and officer's number and provide the Crime Reference Number

(Inform police at once if the claim is for articles lost, stolen, maliciously destroyed or damaged)

THE PROPERTY LOST OR DAMAGED

Are you the owner? If NO, state name and address of the owner

Name and address

Give name(s) of any other party having an interest in the property

Are there any other insurances on the property?

If YES give details (including name, address and policy number of other insurers)

State total value of Insurance property

Buildings Contents Other Property Rent

State nature of occupancy of premises

Are you responsible by agreement for the property? If YES, please forward a copy of the agreement

Have you ever before made a claim of this nature on any insurance company or underwriter? If YES give details:

Nature of claim Date of Loss

Name of Insurers Amount paid

DETAILS OF CONTENTS CLAIM

(Mark an X in the last column if articles are on loan, hire or belong to a customer)

Description of articles (please attach estimates for repairable articles)	From whom obtained (Name, address & receipt required)	Date acquired/ manufactured	Cost price (net of profit/VAT)	Salvage Value	Net amount of claim (less salvage, profit, depreciation & VAT)	VAT if claimed

LOSS OF RENT AND ALTERNATIVE ACCOMMODATION

Rent			Additional Costs
12 months rent	Period Unoccupied	Amount Claimed	Alternative accommodation
£		£	£
£		£	£
£		£	£
£		£	£
£		£	£
£		£	£

DECLARATION

I/We declare that to the best of my/our knowledge and belief the above is a full and accurate statement and I/We therefore claim the

Sum of

Date

Signature of Policyholder

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