

# Commercial Property Claim Form

**GIBBS DENLEY CLAIM REF NO:**

**Section 1: Your Details** *(complete in all circumstances)*

**Name:**

**Address:**

**Post Code:**

**Business/Occupation:**

**Telephone No:**

**Email address:**

**Insurer:**

**Policy Number:**

**Are you VAT Registered?** *(if partially exempt insert recovery %)*

**Section 2: General Questions** *(complete in all circumstances)*

**Date and time of incident:**

**Address at which loss occurred:**

**State exactly how the loss or damage occurred:**

**Please give details of others with knowledge of the circumstances:**

**Name and address of person(s) responsible for loss or damage (if known):**

**Section 3 Burglary/Theft (only complete if claiming in respect of burglary or Theft)**

**Note: It is a condition of insurance policies that all Theft or Malicious Damage losses are reported to the Police**

**If burglary/theft was from a building, how was entry gained?**

  

**Were there any visible signs of a forced entry to the building?**

**Was an intruder alarm system in operation at the time of the incident?**

**Was the alarm system activated?**

**Address of Police Station where you reported the incident:**

**Date and time incident was reported to the Police:**

**Crime Reference Number:**

**Section 4: Particulars of Claim (complete in all circumstances)**

**Have you instructed repairs?**

**Do you own the Property?**

**Do you hold any other insurance policies which may also cover the incident?**

<b>Insurer:</b>
<b>Policy Number:</b>
<b>Sum Insured:</b>

**Please complete in all circumstances and continue on a separate sheet if necessary**

<b>Description of Property</b>	<b>Date of Purchase</b>	<b>Original Purchase Price</b>	<b>Estimated cost of repair</b>	<b>Replacement cost</b>	<b>Amount Claimed</b>

**Section 5: Declaration**

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld from the insurer any information within my/our knowledge connected with this claim. I/We agree to provide the insurers with any further information or documentation as may be reasonably required. I/We understand that there is no admission of liability by the use of this form.

<b>Signature of the policyholder:</b>
<b>Date:</b>

Please send the completed claim form to the address below.

Crystal House Buckingham Business Park, Swavesey Cambridge CB24 4UL  
Tel: 01954 233650 Fax: 01954 231708

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