



Guidance Notes – Property Claim Form

SECTION 1 - INSURED DETAILS

Please give your full details including your policy number to help us to locate the policy without unnecessary delays. Please also make sure that the contact numbers you give are for office hours – you'd be surprised how many people give us their home number when they're at work all day! Any delays in contacting you will delay the claim unnecessarily.

SECTION 2 - DETAILS OF THE LOSS

You must provide us with complete details including the exact dates the loss occurred and was discovered. This is extremely important for all types of claims and enables us to investigate your claim fully. Please make sure that you provide us with a Full Description of how the loss or damage occurred, and please make sure that you answer all questions in full. Any information not provided will mean that we will have to request this information from you which may cause further un-necessary delay.

SECTION 3 - POLICE INFORMATION

Please make sure that you provide us with all the requested information, including the Full Postal Address of the handling Police Station and their Crime Reference number, any information not supplied will mean that we will have to request this information from you which may cause further un-necessary delay.

SECTION 4 - CLAIM PARTICULARS

Please list all damaged and stolen items including estimated costs for replacement/repair. Please also make sure that you obtain a minimum of two estimates for all repairs and/or replacements and forward these with all original purchase receipts where applicable, and Full Substantiation of any stolen money.

SECTION 5 - DECLARATION

Please read this section carefully before signing. You are signing to confirm that everything you have submitted to substantiate the claim (including the actual claim form) are true and correct to the best of your knowledge.



PROPERTY CLAIM FORM

SECTION 1

INSURED DETAILS

Name of Insured:

Policy Number:

Risk Address:

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Contact Name:

Contact Number(s):

Trade or business carried out from the premises:

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Is the Insured Risk registered for VAT purposes? Yes No

VAT registered number:

SECTION 2

DETAILS OF THE LOSS

Date Loss/Damage occurred (if known):

Time Loss/Damage occurred (if known): am/pm

Date Loss/Damage discovered:

Time Loss/Damage discovered: am/pm

Who discovered the Loss/Damage?

Please give a FULL DESCRIPTION of how the Loss/Damage occurred (continue on a separate sheet if necessary):

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If cause is Theft/Attempted Theft, please give a FULL DESCRIPTION of how entry to the premises was gained and the damage caused in doing so (continue on a separate sheet if necessary):

If no damage to premises, what evidence is there that the Loss/Damage is as a result of Theft/Attempted Theft?

Was the alarm set? Yes No

Did the alarm activate at the time of Loss/Damage? Yes No

If "No" to either or both of the above questions, please explain why:

SECTION 3

POLICE INFORMATION

Was the incident reported to the Police? Yes No

Date Police were advised: _____

Name and address of Police Station: _____

Name of Reporting Officer: _____

Contact Telephone Number: _____

Crime Reference: _____

Have the Police made any recovery? Yes No

Have there been any arrests in relation to this incident? Yes No

Who, in your opinion, is responsible for the loss and why?

If known, please give the name and address of the third party* :

***NB: Any third party correspondence should be forwarded to us unanswered. Under no circumstances should you admit liability.**

SECTION 4

CLAIM PARTICULARS

I/We claim the following items* :

A.	£
B.	£
C.	£
D.	£
E.	£
F.	£
G.	£
H.	£
Total Claimed £	

** Please give a full description and continue on a separate sheet if necessary. You will need to attach a minimum of **two** estimates for repairs and/or replacement, along with any other relevant documentation including original purchase receipts (where possible) and full substantiation of any stolen money.*

SECTION 5

DECLARATION

I/We confirm that this claim form has been completed to the best of my/our knowledge and represents a true statement of the facts.

I/We agree that the underwriters may carry out whatever investigations are considered to be necessary.

I/We confirm that this claim form remains the property of the underwriters and the information given by me/us shall be confidential and for the use of the underwriters and/or their appointed representatives.

Signed:

Capacity:

Date:

Please fax or post the completed form with all supporting documentation to:
Claims Department, John Beard & Son Ltd, William Beard House, 44 Botley Road, Park Gate,
Southampton, Hampshire, SO31 1BB

Fax: 01489 576261