



China Insurance Co. (U.K.) Ltd.

## Commercial / Business Claim Report

Please return to:

Claim No: (Office Use Only)

Please answer all relevant questions fully and return this form within seven days.

### INSURED

Policy No:

Full Name

Address

Postcode

Business or Occupations

Business Telephone. No

—

Residence Telephone. No

—

### DETAILS OF LOSS

Date of Loss

/

Time of Loss

am / pm

Place where loss occurred

Describe fully how loss or damage occurred (If a sketch of damage is appropriate, please use space below).

Have you ever suffered similar loss or damage ? if Yes, please provide details

Yes

No

Sketch Plan / List of items Stolen or Damage / Additional Information.

## ADDITIONAL INFORMATION IF CLAIM IS DUE TO LOSS OR THEFT

When and where was property last seen ?

In whose custody was the property at the time of loss ?

When and by whom was the loss discovered ?

At which Police Station the loss was reported and when ?

Name of Police Station

Tel No.

Date

Police Station Address

Has the Police made any arrest ?

Please give crime reference No.

Have the Police made any recovery ?

Has any other action been taken to trace the property ?

What damage was caused to the premises ?

If no damage to the premises what evidence is there of theft ?

## PREMISES INVOLVED

Type of premises involved (e.g. house, shop, office, outbuilding, etc.)

Were the premises occupied at the time ? if not, when were the last occupied

Yes  No

Are you the sole occupier of the premises ? if not, who are the other occupiers

Yes  No

Are you (a) the owner of the premises ? Yes  No

(b) responsible for repairs ? Yes  No

When were the premises last decorated

## V.A.T. STATUS

Are you registered for V.A.T. ? Yes  No

Registered Number

## DECLARATION

I/We hereby declare that to the best of my knowledge and belief these particulars are true and complete. I/We understand that you may ask for information from other insurers to check the answers I/We have provided.

Signature

Date