wcib
walmsleys commercial insurance brokers
0845 467 7192
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PROPERTY CLAIM FORM

Please complete this form and return to Walmsleys Commercial Insurance Brokers, 17-21 Dicconson Street, Wigan WN1 1RG
Telephone 01942 765333 Fax 01942 765339 Email iansage@wcib.co.uk

Please note that if you have suffered a Theft or Malicious Damage the incident must be reported to the Police as soon as possible.
We ask that you refer to your policy booklet and read carefully any terms, conditions or warranties that may apply to your claim.

Policyholder			
Business Name:		Insurer:	
Occupation:		Policy Number:	
Address:		Daytime Telephone No:	
		Mobile Telephone No:	
		Email Address:	
Postcode		Contact Name:	

Are you VAT registered?	Yes / No	If 'Yes', VAT number:		What percentage can you recover?	%

Risk Address Affected by the Loss	
Address: (if different from above)	
Description & Construction of Premises:	
What are the Premises used for?	

Were Premises occupied at the time of the loss?	Yes / No	If No, when were they last occupied?	
Please advise current values of:	The Building		The Contents
Does anyone else have a financial interest in the property (i.e. mortgage, tenant etc)			Yes / No

If Yes, please give Name, Address & Nature of Interest:

Had any previous losses in the last 5 years?	Yes / No	If Yes, give details below

Loss Details	
Date & Time that loss/damage was discovered:	

How did the loss/damage occur? (Please give full details)

What is the extent of the loss/damage including details of areas/items affected? (Please attach any supporting evidence of loss i.e. photos, reports)

Please complete the following additional questions where relevant			
Theft only			
How did thieves gain entry to the premises?			
Were there any witnesses or is there any CCTV footage which may be relevant?			Yes / No
Have the Police been notified?	Yes / No	If yes, please give Crime Reference No:	
Name & Address of Police Station:			
Malicious Damage only			
Were there any witnesses or is there any CCTV footage which may be relevant?			Yes / No
Have the Police been notified?	Yes / No	If yes, please give Crime Reference No:	
Name & Address of Police Station:			

Storm Damage only	
What is the construction & age of the damaged area?	
When was the damaged area last maintained?	
What brought the problem to your attention & when?	
Are the premises weather-tight to prevent any further damage?	

Escape of water only			
What caused the escape of water?			
Has the leak now been fixed?	Yes / No	If No, date when this will be completed?	
Are the premises habitable?	Yes / No	Are the premises still wet internally?	Yes / No
Is anyone else responsible for the leak?		Yes / No	If Yes, please give details below

Contents Claim – please list all items lost or damaged. Continue on a separate sheet if necessary. If possible please provide the original purchase receipts and replacement estimates. Please do not dispose of any damaged items until agreed by your Insurers as they may wish to inspect them.

Description of Item	Where & When Obtained	Original Cost	Replacement Cost
		Total	

Buildings Claim- please complete the following in respect of claims for damage to buildings			
Specify separately each building/room damaged or destroyed	Age of building/damaged item	Date last decorated/maintained	Amount of estimate
		Total	

This section must be read carefully and signed by the Insured or an authorised person on their behalf

Notice

The damaged property should be protected form further deterioration, but should not be disposed of until permission has been given by your Insurers or the appointed Loss Adjuster.

Data Protection

Insurers pass information to the Claims and Underwriting Exchange Register, run by the Insurance Database Service Limited (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft register, run by the Association of British Insurers (ABI). The aim is to help Insurers check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as an accident or theft) whether or not a claim is being made. Your insurer will pass information relating to this incident to the registers.

Declaration

I/We declare that these particulars are true to the best of my knowledge. I/we understand that you may ask for information from other insurers to check the answers that I/we have provided and I/we authorise the giving of such information for such purposes. I/We understand that you may ask IDS Ltd &/or ABI for information they have received from other insurers to check the answers I/we have provided.
(In the case of joint policyholders, both should sign)

Signature(s)…….. Date …….

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