



## INSURANCE RISK & CLAIMS MANAGEMENT LTD



Commercial Lines Broker of the Year 2010  
Finalist Schemes Broker of the Year 2010

### PROPERTY LOSS CLAIM FORM (Including Theft)

#### POLICY DETAILS

Policy Number:

Insurer:

#### POLICYHOLDER

Name:

or

Company Name:

Address:

Postcode :

Tel No: (home):

(business):

(mobile):

Email:

Fax No:

Are you registered for VAT? Yes / No | If Yes, status (or % exemption)

#### LOSS / DAMAGE DETAILS

When did the loss/damage occur? DD / MM / YYYY

How did the loss/damage occur?

Address at which the loss/damage occurred:

Postcode:

Were the premises unoccupied at the time of loss? Yes / No

If Yes, when were they last occupied?

By whom?

When and by whom was the loss discovered?

By whom was the discovery witnessed?

When was the loss reported to the Police? DD / MM / YYYY

(NB. Reporting is compulsory if malicious damage/vandalism or theft is involved)

By Whom?

To which Police Station?

Please advise the Police crime reference number for this loss

By what means was access gained to the premises?

Were any doors or windows forced? Yes / No

If Yes, which?

Were premises securely locked at the time? Yes / No

If No, please give details

Is there an alarm? Yes / No

Was it activated? Yes / No

Do you suspect any person(s)? Yes / No

If Yes, please give details

What enquiries have been made and what steps have been taken to recover property lost?

**PREVIOUS LOSSES**

Have you ever sustained loss or damage by any of the risks insured by this policy? Yes / No  
 If Yes please give details (please use a separate sheet if necessary)

**DETAILS OF CLAIMS**

Whenever possible attach a detailed estimate for repair. In the case of damage to a building it is not necessary to enter purchase and cost details. Please ensure that all damaged property is protected from further deterioration and is kept until permission to dispose of it is received from the insurer or their representative.

Description of property lost, destroyed or damaged	If you are not the sole owner, please give details of other parties and their interest	When purchased	Cost Price	Estimate cost of repair or replacement	If applicable allowance for wear & tear	Net amount claimed
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				
		DD / MM / YYYY				

**OTHER INSURANCES**

If the property is covered under any other policy, please complete the following:

Name and address of Insurer:

Postcode :

Policy Number:

**DECLARATION**

I/we declare that to the best of my/our knowledge and belief the foregoing particulars are true in every respect. The information on this form is confidential to Insurers for use by them and their Legal Advisors in the event of a claim arising.

Signature of Policyholder:

Position:

Date:

If you have any supporting documentation or correspondence please attach copies and detail any additional information to explain and assist the processing of the claim.

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