



Making your life easy

Professional Care ■ Dependable Cover ■ Personal Service

## PROPERTY CLAIM FORM

Please complete fully in BLOCK CAPITALS. If insufficient space, attach separate sheets of paper.

Policy No: ..... Your Contact Name: .....

Name:

Address:

Tel No:  Post Code:

Fax No:

Business (if more than one state all)

Are you registered for VAT? Yes  No

If 'Yes' is VAT recoverable from the Tax Authorities? Yes  No

If 'Yes' how much is recoverable? .....

Are there any other insurances covering this incident? Yes  No

If 'Yes' give details

Are you the sole owners of the property damaged or lost? Yes  No

If 'No' give details

Date of Loss of Damage ..... Time .....

Place  When and by whom discovered?

State fully the cause of the loss or damage and give full details of how it occurred and if known the name and address of the party responsible, if any.

### Circumstances

If fire, did Brigade attend?

Yes

No

If Theft or Malicious Damage, state full address and Crime Reference Number of Police Station to which notice was given with time and date.


If Theft, how was entry gained to the premises?

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Address where property is normally kept


Are the premises unoccupied?

Yes

No

If 'Yes', state when last occupied

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Have any changes been made in the insured premises since inception/renewal?

Yes

No

If 'Yes', give details

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Have you suffered any previous loss or damage arising from risks covered by this policy or similar policies in the last five years? Yes  No

If 'Yes', give details

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Emergency repairs to prevent further damage may be carried out immediately. However, please note most Insurers have a list of approved suppliers that offer discounts to Insurers. Please contact us for details to avoid any shortfall in your claim.

Damaged property should not be disposed of until permission has been given by the Company or the claim has been settled.

Breakage of glass – where replacement cannot be immediately arranged, boarding up should be carried out to prevent further damage.

Description of Property lost, damaged or stolen	From whom obtained	Date of purchase or manufacture	Original cost price (less profit & VAT)	Value of Salvage	VAT if claimed	Net claim i.e. replacement/repair less salvage, profit & VAT
<b>TOTAL AMOUNT CLAIMED</b>						

**Declaration:**                      **We declare that all particulars on this form are true and correct**

**Signature of Insured** .....

**Print Name** .....

**Status of Signatory** .....

**Date** .....

*exceptional people delivering an exceptional insurance service*



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