

# EVERGREEN COMMERCIAL COMBINED INSURANCE

## CLAIM REPORT

Please answer all questions on this page as fully as possible and relevant sections on other pages  
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate

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### INSURED

Certificate No \_\_\_\_\_ Renewal Date \_\_\_\_\_

Insured's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_

Business \_\_\_\_\_

Are You VAT Registered?      Yes                      No

If 'YES' state whether you can recover VAT relating to the property for which you are claiming

(i) Completely (ii)                      Partially                      (iii) Not at all                      (Please tick as necessary)

If you can recover only partially, indicate reason and percentage recovery \_\_\_\_\_

\_\_\_\_\_

If you cannot recover any VAT state reason \_\_\_\_\_

\_\_\_\_\_

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### THE EVENT

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

When and by whom discovered \_\_\_\_\_

If known, state name and address of person causing the loss or damage \_\_\_\_\_

Address where the event occurred \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Tel No \_\_\_\_\_

State rooms or area affected \_\_\_\_\_

State fully what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your premises protected by an alarm?                      Yes    No

If 'YES' did it operate?                      Yes ¼ No

If illegal entry, which windows or doors were forced or in what other manner was entry effected? \_\_\_\_\_

Were the premises occupied at the time? YES/NO                      If 'NO' state date and time they were last occupied

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

State time and date police were advised, name of station and officer's number \_\_\_\_\_

\_\_\_\_\_

(inform police at once if the claim is for articles lost or stolen or maliciously destroyed or damaged)

## THE PROPERTY LOST OR DAMAGED

Are you the owner? YES/NO If 'NO' state name and address of the owner

Name and Address \_\_\_\_\_  
 \_\_\_\_\_

Give name(s) of any other party having an interest in the property \_\_\_\_\_  
 \_\_\_\_\_

Are there any other insurances on the property? YES/NO

If 'YES' give details (including name, address and policy no of other insurers) \_\_\_\_\_  
 \_\_\_\_\_

State total value of insured property

Building £ \_\_\_\_\_ Stock £ \_\_\_\_\_ Other Property £ \_\_\_\_\_

State Nature of occupancy of premises \_\_\_\_\_

Are you responsible by agreement for the property? YES/NO If 'YES', please forward a copy of the agreement

Have you ever before made a claim of this nature on any insurance company or underwriter? YES/NO If 'YES', give details:

Nature of claim \_\_\_\_\_ Date of loss \_\_\_\_\_

Name of insurers \_\_\_\_\_ Amount paid £ \_\_\_\_\_

## DETAILS OF BUILDING CLAIM

Tradesman's estimates should be attached

Description of property Age of Building or damaged Fixtures/fittings	Date when last decorated	Estimated Cost of Repair	damaged or destroyed £ Allowance for Depreciation (Wear and Tear)	£ Net Amount Claimed £	

If necessary please continue on a separate sheet

## DETAILS OF CONTENTS, INCLUDING MONEY

(Mark an X in the last column if articles are on loan, hire or belong to a customer)

Description of articles (attach estimates for repairable articles)	From who obtained (name and address)	Date acquired or manufactured	Cost (net or profit and VAT) price	Value of salvage	Net amount of claim less depreciation, salvage, profit and VAT etc	VAT if claimed
			£	£	£	£

If necessary continue on a separate sheet

**BREAKAGE OF GLASS**

Size \_\_\_\_\_ Type \_\_\_\_\_

Was glass sound previous to breakage? \_\_\_\_\_ YES/NO \_\_\_\_\_

Do you require the reglazing deferred until further notice? \_\_\_\_\_ YES/NO If 'YES' give reasons \_\_\_\_\_

Situation (e.g. door, window, showcase, etc.) \_\_\_\_\_

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**BUSINESS EQUIPMENT**

Description \_\_\_\_\_

Maker's Name and Model \_\_\_\_\_

Serial Number \_\_\_\_\_ Date Purchased \_\_\_\_\_ Price Paid £ \_\_\_\_\_

Description of damage \_\_\_\_\_

\_\_\_\_\_

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**FROZEN FOODS**

Make and Model of refrigeration Unit \_\_\_\_\_

Serial No \_\_\_\_\_

Date Purchased \_\_\_\_\_ Value of Contents £ \_\_\_\_\_

Is freezer subject to a maintenance contract? \_\_\_\_\_ YES. NO \_\_\_\_\_

If 'YES' give name and address of maintenance company and supply copy of maintenance agreement \_\_\_\_\_

\_\_\_\_\_

Date of last service \_\_\_\_\_

**N B Any claim must be accompanied by a condemnation certificate issued by your local environmental health officer**

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**DECLARATION**

I / We declare that to the best of my / our knowledge and belief the above is a full and accurate statement and I / We therefore claim the

Sum of £ \_\_\_\_\_

Date \_\_\_\_\_

Signature of Policyholder \_\_\_\_\_

\_\_\_\_\_