GROUPAMA

COMMERCIAL INSURANCES
PROPERTY LOSS OR DAMAGE CLAIM FORM

Policy Details

Policy No	Broker	Date Premium Paid

Policyholder

Name	Business Address
Address	
	Postcode Tel:
Postcode Tel:	Are you registered for VAT? If YES can you recover VAT on the cost of repair/replacements? YES/NO/PARTIALLY
Are you the owner, tenant or mortgagor? Is anyone available at the home address during the day? YES/NO	

Details of Loss or Damage

Date
Place
If damage or loss occurred in a building for what purpose is the building used? (e.g. Domestic/Business)
Is it fully occupied? YES/NO
If YES by whom?
Please describe exactly what happened
If known please state identity of person causing loss or damage
Name
Address
Please give details of all persons having knowledge of the incident the person who discovered the loss or damage
If property lost or stolen When was the loss reported to Police?
Name and Number of Officer Station?
Police Reference No.?
If damage caused by fire did Fire Brigade attend? YES/NO
Station?

PLEASE ENSURE THAT THE REVERSE SIDE IS ALSO COMPLETED

Particulars of Claim

Please give as full a description as possible providing purchase receipts or other documentation where available.
Please check your policy for the basis of claims settlement.

Description of articles	From whom obtained (Name and Address)	Date acquired	Original purchase price	Cost to replace or repair	Value of salvage	Amount claimed

Do you own the lost or damaged property? YES/NO If NO who does?
Are there any other Insurance Policies covering this loss? YES/NO If YES please give details
Have you previously suffered a loss similar to the one the subject of this claim? YES/NO If so please give details

I/We declare that to the best of my/our knowledge and belief the foregoing particulars are true in every respect.

Signature of Policyholder Date	Please return to: GROUPAMA INSURANCE COMPANY LIMITED 17 Station Road New Barnet EN5 1PG Tel: 020 8441 4500 Fax: 020 8441 9896