

# Commercial Combined Insurance Claim Report

**evergreen**

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

## Details of the Insured

Certificate No

Renewal Date

Name of Insured

Business Address

Registered Office

Post Code

Contact details:

Tel Nos:

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 appropriate)

If you can recover VAT only partially, please provide reasons and percentage recovery anticipated

If you cannot recover any VAT please state reason

## The Event

Date

Time am/pm

When and by whom discovered

Date

Time am/pm

Name

If known, please state name and address of person you feel caused the loss or damage

Address where the event occurred

Post Code

Tel No.

Room(s) or area affected

Please provide details of what happened

Are your premises protected by an alarm? YES/NO

If YES did it operate? YES/NO

If illegal entry occurred please state which windows or doors were forced, or the manner in which entry was otherwise effected?

Were the premises occupied at the time? YES/NO

If NO state date and time they were last occupied

Date

Time am/pm

Please provide details of the time and date that the police were advised, the name of station and officer's number. (inform the police at once if the claim is for articles lost or stolen or maliciously destroyed or damaged)

The Property Lost or Damaged

At the time of the incident, were you the owner? YES/NO

If NO please provide below the name and address of the owner

Name and Address

Give name(s) of any other party having an interest in the property at the time of the incident

At the time of the incident, were there any other insurances on the property? YES/NO

If YES please give details

Policy No

Name of insurer

Address of insurer

State total value of insured property before the incident

Building £

Stock £

Other Property £

State Nature of occupancy of the premises

Are you responsible by agreement for the property? YES/NO

If YES, please forward a copy of the agreement

Have you previously made a claim of this nature on any insurance policy held? YES/NO

If YES, give details:

Nature of claim

Date of loss

Name of insurers

Total value of claim settlement £

Details of Building Claim

Tradesman's estimates should be attached

| Description of property/<br>age of Building or damaged<br>Fixtures/fitings | Date when<br>last decorated | Estimated<br>Cost of Repair | Damaged or destroyed<br>£ | Allowance for Depreciation<br>(Wear and Tear)<br>£ | Net Amount Claimed<br>£ |
|--|-----------------------------|-----------------------------|---------------------------|--|-------------------------|
|  |                             |                             |                           |  |                         |

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<br>(attach estimates for<br>repairable articles) | Name and address<br>of supplier | Date acquired or<br>manufactured | Cost (net of profit and<br>VAT) price<br>£ | Value of salvage<br>£ | Net amount of claim<br>less depreciation,<br>salvage, profit and<br>VAT etc<br>£ | VAT if claimed<br>£ |
|--|---------------------------------|----------------------------------|--|-----------------------|--|---------------------|
|  |                                 |                                  |  |                       |  |                     |

Breakage of Glass

Size

Thickness

Type

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

Was glass sound previous to breakage? YES/NO

Do you require the reglazing deferred until further notice?  
YES/NO

If YES give reasons

Business Equipment

Description

Maker's Name and Model

Serial Number

Date Purchased

Price Paid £

Description of damage

(Please use supplementary sheets as necessary)

Frozen Foods

Make and Model of refrigeration unit

Serial Number

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 a copy of the maintenance agreement

Date of last service

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

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

NamePosition

SignatureDate