

Reference

Theft Claim Form – Commercial

The Policyholder is requested to state as fully and accurately as possible the information asked for below and overleaf.

Policyholder

Policy no.

Name

Date premium paid

Address

Telephone no: Home

Business

Occupation

Postcode

V.A.T. Registration no.

(if not registered, state "none")

Please tick Yes/No Boxes as appropriate

Date of loss

Time

Address at which loss occurred

When and by whom was the loss discovered?

When was the loss reported to the Police?

If reported, at which station?

Were the premises occupied at the time of the loss?

Yes

No

If 'No', when were they last occupied and by whom?

How was entry effected?

Which rooms were entered?

Do you suspect any person?

Yes

No

If 'Yes', whom?

Are you the sole owner of the missing or damaged property?

Yes

No

Are there any other insurances in force against theft upon the same property?

Yes

No

If 'Yes', give details and name of the company concerned

At the time of the loss what was the total value of the contents of the premises? £

Which Company covers the contents against loss by fire and for what amount?

Have you ever had a previous loss by theft?

Yes

No

If 'Yes', give details and the name of the company concerned

Contribution

Some of the information which you give us about this claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them, and we may ask them to pay a contribution to this claim. A contribution payment is normal practice where two or more policies cover the same thing. If another company contributed to your claim with us, it should not affect any no claim discounts you may have with them.

Declaration

I/We the undersigned, declare that to the best of my/our knowledge and belief the information given in this claim form, which I/we have read over and checked, is true and complete.

I/We understand that, in order to prevent fraud, you may share information about me/us and this incident with other organisations and public bodies including the police.

Signature of Policyholder

Date

Please turn over



NFU Mutual

