

COMMERCIAL PROPERTY CLAIM FORM



PLEASE COMPLETE ALL QUESTIONS FULLY TO AVOID DELAY IN HANDLING YOUR CLAIM

Please submit claim form and estimate before authorising repairs.

PLEASE COMPLETE IN BLOCK CAPITALS

E-mail: icci.claims@insurancecorporation.com

P.O. Box 160
St. Peter Port,
Guernsey, GY1 4EY
Channel Islands

Telephone: 01481 713322
Facsimile: 01481 714426

www.insurancecorporation.com

P.O. Box 742
St. Helier,
Jersey, JE4 8ZZ
Channel Islands

Telephone: 01534 700200
Facsimile: 01534 768447

Policy No.

Broker/Agent

Mr, Mrs, Ms, Miss

Name of Insured

Address
 Postcode

Telephone No. (Home) Telephone No. (Work)

Occupation

Type of premises

Contact name Telephone No.

Risk address (if different from above)
 Postcode

Are you VAT registered? Yes No

Details of when, where & how loss/damage happened

Date of loss/damage / /20 Time (if known) am/pm

Where did the loss/damage happen?

Are the premises unoccupied? Yes No

If premises unoccupied, please state date and time they were last occupied / /20 Time am/pm

Please give full details of the damage and how the loss occurred

Are you the owner of the premises? Yes No

If 'NO' are you responsible for repairs and if so, why?

When and by whom was the loss or damage discovered?

Name of any witnesses

Addresses
 Postcode

Were the Police notified? Yes No

When and at which Police Station was report made? Date/Time / /20 Police Station

If Theft, was there forcible and violent entry to or from the premises? Yes No

If 'YES' give details

Are the premises protected by an alarm? Yes No

If 'YES', did it operate? Yes No

Have you previously sustained loss or damage of this nature?

At these premises?

Yes

No

Elsewhere?

Yes

No

If 'YES' please give details

Is the property form which you are claiming insured under any other policy?

Yes

No

If 'YES' give details of Insurers and Policy No.

Details of loss and/or damage (Two estimates are required for claims over £250)

| Description of property and/or items lost or damaged | Do you own the items? If not state name owner | Estimated cost of repairs (if applicable) please attach estimate(s) | Age of items and cost to INSURED (if applicable) | | AMOUNT CLAIMED Taking into account depreciation | Value of any salvage |
|------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|---|-------------------------------------------------|----------------------|
| | | | Yr | £ | | |
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N.B. If you are still awaiting estimates or accounts, do not delay sending us the form.

Please tick box if estimate(s) are being obtained and are to be sent later.

I/We declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned.

Signature of Insured

Date / /

