

Commercial Property Claim Form

To help us deal with your claim as quickly as possible, please complete all relevant sections using **BLOCK CAPITALS**, tick the correct boxes and sign and date this form.

Surname	<input type="text"/>	Forename(s)	<input type="text"/>
Address	<input type="text"/>	Daytime telephone no.	<input type="text"/>
		Business/Occupation	<input type="text"/>
		Are you VAT registered?	<input type="text"/>
		If Yes, give Reg. No.	<input type="text"/>
Policy Number	<input type="text"/>	Renewal Date	<input type="text"/>
E-mail	<input type="text"/>		
Please advise to whom payment should be made if your claim is accepted			<input type="text"/>

Section 1

Please give the following information about the loss/damage	
When did it happen?	<input type="text"/>
Where/how did it happen?	<input type="text"/>
What happened?	<input type="text"/>
If the damage is to the building, please state	
Age of building	<input type="text"/>
Briefly, the extent of the damage	
<input type="text"/>	

Section 2

Are you insured under any other policy for this loss?	<input type="text"/>
If yes, please give insurers name	<input type="text"/>

Section 3

Does anyone else have a financial interest in the property, e.g. as owner or under mortgage?	<input type="text"/>
If Yes, please give details	<input type="text"/>

Section 4

Have you ever before made a property claim to an insurer?	<input type="text"/>
If yes, please state (a) nature of claim	<input type="text"/>
(b) Name of insurers	<input type="text"/>
(c) Amount paid	<input type="text"/>

Section 5

In case of theft, please give the following information about your premises:

(a) how were they entered?	
(b) were they occupied at the time?	
(c) If No, when were they last occupied?	
(d) were they furnished for full habitation?	

Section 6

In case of theft, loss or malicious damage, please state:

(a) the date you informed the police	
(b) the address of the police station	
(c) the police ref. on any document given to you	

Section 7

Please give the estimated total value of your property at the time of the loss:

Buildings: full rebuilding cost	
All the contents: full replacement value	

Claims and Underwriting Exchange

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to the participants.

Instructions to be Observed

Protect all damaged property from further deterioration. Do not dispose of damaged property until permission is given by us or our loss adjustors.

Buildings Claims: please send a tradesman's detailed quotation with this claim form

Other claims: please provide below details of all items, which have been damaged, lost or destroyed. Please tell us the make, model, serial number and original purchase price with original receipt, wherever possible.

When items are repairable you should also send us a detailed repairer's estimate. This information will help us to deal with your claim as quickly as possible.

Description of property for which this claim is made	Date of purchase	Original price	Cost of replacing property	* Value at time of loss or damage after allowing for wear and tear (where appropriate)	Value of salvage	Amount claimed i.e. actual loss after destruction of salvage
Total amount claimed						

* you do not need to complete this row if the item concerned is insured on a full cost replacement basis

Section 9 Declaration

If you make a claim, which is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited. I/We declare that all answers are true and complete. I/We hereby claim for the loss or damage as set out above. I/We understand that you may seek information from other insurers to check this answers I/We have provided.

I confirm I authorise Towergate MIA to handle my/our claim on behalf of the insurers.

Signature	<input type="text"/>	Date	<input type="text"/>
Print name	<input type="text"/>	Position	<input type="text"/>

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Towergate MIA is a trading name of Towergate Underwriting Group Limited
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