

Dixcart House
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 Channel Islands

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Commercial Property Claim Form

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

Policy No. Broker	
Name of Insured AddressPost Code Occupation	Telephone No.(Home) Telephone No.(Work)
Risk Address (if different from above)	Type of premises Contact Name Telephone No.

DETAILS OF WHEN, WHERE & HOW LOSS/DAMAGE HAPPENED		Time (if known)		
Date of loss/damage	<input style="width: 100px;" type="text" value=" / "/>	<input style="width: 100px;" type="text" value=" 20 "/> am/pm		
Where did the loss/damage happen?	<input style="width: 100%; height: 20px;" type="text"/>			
Are the premises unoccupied?	<input style="width: 100px;" type="text" value=" YES / NO "/>			
If premises unoccupied, please state date and time they were last occupied. Date/Time...../.....	<input style="width: 100%; height: 20px;" type="text"/>			
Please give full details of the damage and how the loss occurred.	<input style="width: 100%; height: 60px;" type="text"/>			
Are you the owner of the premises?	<input style="width: 100px;" type="text" value=" YES / NO "/>			
If 'NO' are you responsible for repairs and if so, why?	<input style="width: 100%; height: 20px;" type="text"/>			
When and by whom was the loss or damage discovered?	<input style="width: 100%; height: 20px;" type="text"/>			
Name and addresses of any witnesses	<input style="width: 100%; height: 40px;" type="text"/>			
Were the Police notified?	<input style="width: 100px;" type="text" value=" YES / NO "/>			
When and at which Police Station was report made?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Date/Time/.....</td> </tr> <tr> <td style="padding: 2px;">Police Station</td> </tr> </table>		Date/Time/.....	Police Station
Date/Time/.....				
Police Station				
If Theft, was there forcible and violent entry to or from the premises? Give details.	<input style="width: 100%; height: 40px;" type="text"/>			
Are the premises protected by an alarm?	<input style="width: 100px;" type="text" value=" YES / NO "/>			
If 'YES', did it operate?	<input style="width: 100px;" type="text" value=" YES / NO "/>			

