



Corporate & Commercial claim form

Please help us to help you by:

- completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- enclosing evidence of the amount(s) you are claiming
- signing and dating the reverse side of this form

Insurance fraud is a crime - please ensure all information is correct.

1. Policyholder(s) details

Policy number	<input type="text"/>	Claim number (if known)	<input type="text"/>
Full name	<input type="text"/> (Mr, Mrs, Miss, Ms)		
Postal address	<input type="text"/>		Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone numbers	Home <input type="text"/>	Business <input type="text"/>	Mobile <input type="text"/>
Email	Home <input type="text"/>	Business <input type="text"/>	
Contact Person	<input type="text"/>		

2. Details of claim (complete in all cases)

Date of fire, accident or loss	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of fire, accident or loss	<input type="text"/> am/pm
Location where loss or incident occurred	<input type="text"/>		
a. Please state full details of what happened	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
b. Is the property owner/occupied, rented or let to tenants? Please specify which one.	<input type="text"/>		
c. Is there insurance with any other company relating to this loss? If so, please give details.	<input type="text"/>		
	<input type="text"/>		
d. If loss was caused by another person who is not your employee, please give their name, address, and telephone number.	<input type="text"/>		
	<input type="text"/>		
e. Have you made any other insurance claims over the past 5 years?			<input type="text"/> YES <input type="text"/> NO
If Yes, please give details	<input type="text"/>		
	<input type="text"/>		

3. Glass breakage

If you are the tenant of commercial premises please provide proof that you are liable under the terms of your lease.
Particulars of Glass Damaged:

Description (plain, plate, mirrored, etc.)	Height	Width	Position (door, window, etc)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Police details (if burglary, theft, loss or malicious damage)

a) To which police station was it reported?	<input type="text"/>	b) Date reported	<input type="text"/> / <input type="text"/> / <input type="text"/>
c) Attach police form	<input type="text"/> YES <input type="text"/> NO	d) Police file number	<input type="text"/>

