

Commercial Insurance Material Loss or Damage Claim Form



Policy No: / /

Type of Policy:

Date Premium Paid:

PLEASE ANSWER ALL QUESTIONS FULLY AND ACCURATELY

Details of Policyholder

Name:	Trading As:
Address:	
Tel No:	Mobile:
VAT Registration no: (If not registered state NONE)	

General Questions

1. Do the items lost or damaged belong to you? Yes No

2. Does anybody else have a financial interest in the goods? Yes No

If yes give details:

3. Is there any other Insurance Policy in force covering the property? Yes No

If yes give details:

4. Have you, or any Partner or fellow Director suffered any loss or damage within the last 3 years? Yes No

If yes give details:

5. Have you or any Partner or fellow Director been convicted of any criminal offence involving dishonesty of any kind e.g. fraud, theft or handling of stolen goods? Yes No

If yes give details:
(impending proceedings must also be disclosed)

6. Has the person responsible for the damage been identified? Yes No

If yes give name(s) and address(es):

Details of Incident Causing Loss or Damage

If yes give name(s) and address(es):

Where and how did it happen? Describe in full

Details of Property Lost/Damaged

Description of property lost or damaged (including Make, Model and serial numbers)	Date of Purchase and Price Paid	Replacement Cost	Estimated cost of repair (if applicable)	Deduction for depreciation or salvage (if applicable)	Amount claimed
	£ / /	£	£	£	£
	£ / /	£	£	£	£
	£ / /	£	£	£	£
	£ / /	£	£	£	£

Give details and description of any other property lost or damaged or any other losses

Extra details for Theft, Malicious Damage or Loss of Money Claims (Complete as required)

1. Which Police Station did you report the incident to (if applicable)

Date and Time loss reported:	Crime Ref Number:
Police Officer dealing with incident:	

2. How was entry gained?

3. Were the premises occupied at the Time of Loss?

Yes No

If no, when were they last occupied ad by whom:

4. Were there any visible signs of a forced entry into a building? (e.g. door or window forced)

Yes No

If yes please provide details:

5. What security precautions were in operation at the time? Please list below e.g windows and doors locked

6. When was the loss discovered?

7. Are the premises protected by an alarm?

Yes

No

If yes did it operate?

8. Is a maintenance contract in force for the alarm?

Yes

No

Declaration (Complete in EVERY case)

I/We have read the Warning at the front of this Claim Form. I/We understand that you may seek information from other insurers to check the answers I/we have provided. I/we declare that the above 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.

Signed

Date

Return this form to: Towergate Holiday Caravan Insurance, Towergate House, St Edwards Court, London Road, Romford, Essex. RM7 9QD

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