

Please complete this form and return it promptly to:



COMMERCIAL PROPERTY CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

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Name (BLOCK CAPITALS) _____ Policy Number _____
Address _____ Renewal date _____

Telephone Number _____
Occupation _____
Are you registered for VAT purposes? Yes/No If yes VAT Reg. No. _____

PAYMENT DETAILS Our preferred method of settlement is Electronic Fund Transfer which allows any payment to be transferred directly into your account. Please supply us with the following details of your bank account:

Bank Account Name _____ Bank Branch Sort Code _____
Bank Account Number _____

- 1 Please give the following information about the loss/damage
(a) When did it happen? At _____ a.m./p.m. on _____ Where did it happen? _____
(b) How did it happen _____

If the damage is to the building, please state:

- (d) Age of building _____
(e) Briefly, the extent of the damage _____

- 2 Are you insured under any other policy for this loss? Yes/No _____
If 'yes' please give the Insurers' name _____

- 3 Has anyone else a financial interest in the property, e.g. as owner or under a mortgage? Yes/No _____
If 'yes' please give details _____

- 4 Have you ever before made a property claim on an insurer? Yes/No _____
If 'Yes' please state
(a) Nature of claim _____
(b) Name of insurers _____
(c) Amount paid £ _____

- 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? Yes/No _____
(c) If 'no', when were they last occupied? _____
(d) Were they furnished for full habitation? Yes/No _____

- 6 In case of theft, or loss or malicious damage, please state
(a) The date you informed the police _____
(b) The address of the police station _____
(c) The police reference on any document given to you _____

- 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 & 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 participants.

INSTRUCTIONS TO BE OBSERVED

All damaged property must be protected from further deterioration and should not be disposed of until permission is given by the Company or the Loss Adjusters.

BUILDINGS: The claim form should be accompanied by a tradesman's original detailed estimate.

CONTENTS AND STOCK: A list of the articles destroyed, stolen or damaged should be detailed below. Please indicate if any item for which you are claiming, e.g. a television receiver, is on hire. It will help us to deal with your claim if you give us as much information as possible in respect of the lost, stolen or damaged item i.e.

MAKE – MODEL – SERIAL NUMBER.

Original Repair estimates should be attached to the form where appropriate.

DESCRIPTION OF PROPERTY FOR WHICH THIS CLAIM IS MADE (1)	DATE OF PURCHASE (2)	COST OF REPLACING THE PROPERTY £ (3)	*VALUE AT TIME OF LOSS OR DAMAGE. AFTER ALLOWING (WHERE APPROPRIATE) PREVIOUS WEAR AND TEAR £ (4)	VALUE OF SALVAGE (5)	AMOUNT CLAIMED i.e. ACTUAL LOSS AFTER DEDUCTION OF SALVAGE VALUE (6)

Column 4 need not be completed if the item concerned is insured on full cost of replacement basis TOTAL – £ _____

DECLARATION

If you make a claim which is any way fraudulent, unfounded or exaggerated, or make a 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 the answers I/We have provided.

Signature _____

Date _____

AXA Insurance

AXA Insurance is the trading name of both:
 AXA Insurance UK plc. Registered Office: 5 Old Broad Street, London EC2N 1AD. Registration England No. 78950
 AXA General Insurance Ltd. Registered Office: 5 Old Broad Street, London EC2N 1AD. Registration England No. 141885
 Members of the AXA Group of Companies