



Property Claim Form

Please complete fully in BLOCK CAPITALS. If insufficient space append separate sheets of paper

Policy No:

Your Contact Name.....

Name:

Address: Post Code: Tel No: Fax No:

Insured

Business (if more than one state all)

Are you registered for VAT? Yes No

If 'Yes' is VAT recoverable from the Tax Authorities? Yes No

If 'Yes' how much is recoverable?

Are there any other insurances covering this incident? Yes No

If 'Yes' give details

Are you the sole owners of the property damage or lost?

If 'No' give details

Date of Loss or Damage.....

Time.....

Place: [] When and by whom discovered? []

State fully the cause of the loss or damage and give full details of how it occurred and if known the name and address of the party responsible, if any.

[]

Circumstances

[]

If fire, did Brigade attend? Yes No

If Theft or Malicious Damage, state full address and Crime Reference Number of Police Station to which notice was given with time and date.

If Theft, how was entry gained to the premises?

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Address where property is normally kept

Are the premises unoccupied? Yes No

If 'Yes', state when last occupied

Have any changes been made in the insured premises since inception/renewal? Yes No

If 'Yes', give details

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Have you suffered any previous loss or damage arising from risks covered by this policy or similar policies in the last five years? Yes No

If 'Yes', give details

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Emergency repairs to prevent further damage may be carried out immediately. However, please note most Insurers have a list of approved suppliers that offer discounts to Insurers. Please contact us for details to avoid any shortfall in your claim.

Damaged property should not be disposed of until permission has been given by the Company or the claim has been settled

Breakage of glass – where replacement cannot be immediately arranged, boarding up should be carried out to prevent further damage

Description of Property lost, damaged or stolen	From whom obtained	Date of purchase or manufacture	Original cost price (less profit & VAT)	Value of Salvage	VAT if claimed	Net claim ie replacement/repair less salvage, profit & VAT
TOTAL AMOUNT CLAIMED						

Declaration

We declare that all particulars given on this form are true and correct

Signature of Insured
 Print Name
 Status of Signatory
 Date

Please return the completed form to:-

E-mail Insurance@aips.co.uk

Fax: 01623 663119

Post: AIPS LTD
 363 Nottingham Road
 Mansfield
 Notts
 NG18 4SG