PROPERTY DAMAGE CLAIM FORM

Certain Underwriters at Lloyds

Policy No:....

PLEASE COMPLETE EACH OF THE FOLLOWING QUESTIONS FULLY:

Insured's Name.....

nsured's Address Tel No:
nsured's Occupation
Are You Registered for V.A.T?
Date of Loss Time of Loss:
PLEASE STATE FULLY THE CAUSE OF LOSS:
Are You the Sole Owner of the Property Claimed for:
Are there are any other Insurances on the property
Please give details of any previous losses/claims
PLEASE COMPLETE THE FOLLOWING WHERE APPROPRIATE:
I) How were the premises entered?
ii) Were the premises occupied at the time of loss and by whom?
iii) If not, when were they last occupied?
DETAILS OF PROPERTY DAMAGE, LOST, STOLEN:
DESCRIPTION DATE OF PURCHASE ORIGINAL COST VALUE AT AMOUNT TIME OF LOSS CLAIMED
/We declare that the statements on this form and the information provided in addition, ar rue and complete, to the best of my/our knowledge and belief.
SIGNATURE DATE