



ABACUS LET PROPERTY INSURANCE CLAIM FORM

The issue of this form is not an admission of liability

Policy Number _____	Claim Ref Number _____
Name of Policyholder (Mr/Mrs/Miss) _____	
Address of Policyholder _____	
	Post Code _____
Daytime Telephone Number _____	Occupation _____
Name & Telephone Number of contact (if different from above) _____	

Are you registered for VAT?	YES or NO _____

1. Have you or any director or partner (in the business or any other name under which you may have been trading):

- i. had any insurance declined, cancelled, refused, renewal refused or had any special terms applied by any insurer for the risks proposed YES or NO _____
- ii. suffered any loss or incurred any liability, whether insured or not, at these premises or elsewhere during the last three years in connection with any of the insurance for which cover is required? YES or NO _____
- iii. been convicted of, or is any prosecution pending for any offence, other than a driving offence? YES or NO _____
- iv. been declared bankrupt or been a director of any company that went into liquidation? YES or NO _____
- v. any County Court judgments or arrangements with Creditors outstanding? YES or NO _____

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE PROVIDE FULL DETAILS: _____

_____ If required please continue on a separate sheet of paper.

2. Time & Date of Loss _____ / _____ / _____ am/pm

3. Address/location where loss/damage occurred _____

_____ Post Code _____

4. State CAUSE OF INCIDENT & give FULL DETAILS of how it occurred (if FIRE, give exact cause)

5. When & by whom was the loss/damage discovered? _____

6. Name & Addresses of witnesses _____

7. Name & Address of person responsible (if impact by vehicle, give registration number & details of insurers) _____

8. Are the premises built of brick, stone or concrete & roofed with slates, tiles, concrete, metal or asbestos? YES or NO _____

If NO, please give construction details _____

9. For what purpose(s) are the premises used: _____

10. Are the premises unoccupied? YES or NO _____

If YES, please state when last occupied _____

11. Please give the occupation(s) of the tenants(s): _____

12. Are you the sole owner of the property lost/damaged? YES or NO _____

If NO, give details of other interested party (e.g. Bank, Building Society) _____

13. Is the property claimed covered by other Insurance? YES or NO _____

If YES, give details _____

COMPLETE FOR ACCIDENTAL LOSS, THEFT OR MALICIOUS DAMAGE ONLY

14. State full address of Police Station to which notice was given with time, date and crime reference:

15. If THEFT

- a. How was entry gained to the premises? _____
- b. Which windows or doors were forced? _____
- c. The nature of the protections/locks/alarms in operation at the material time: _____
- d. Did the intruder alarm (if fitted) operate? _____

16. If another party was to blame for what happened give name & address: _____

BREAKAGE OF GLASS

17. Size: _____ by _____

18. Type: _____

19. Was the glass sound previous to breakage? YES or NO _____

20. Whether cracked or broken out? _____

21. Position (e.g. door, window showcase, etc) _____

Description of Property Damaged/Stolen/Lost	Date & Place of Purchase	Date of Purchase or Manufacture	Original Cost Price	Value of Salvage	Net amount of claim less Depreciation, Wear & Tear (where applicable) & Salvage

Please continue on a separate sheet of paper if required

Declaration

I/We declare that all particulars given on this form are true and complete. I/We have not withheld any information within my/our knowledge connected with this claim. I/We accept that if I/We exaggerate any part of this claim or make any false declaration or statement, I/We shall not be entitled to receive any benefit under the certificate in respect of this claim. Furthermore I/We accept that any such action on my/our part may render me/us liable to prosecution. I/We understand that you may seek information from other insurers to check the answers I/We have provided.

Date _____ Signature of Policyholder(s) _____

INSTRUCTIONS REGARDING CLAIM.

1. Claims for buildings and property capable of being repaired must be supported by two Tradesmen's estimates obtained at the policyholder's own expense. Emergency repairs to prevent further damage may be carried out immediately.
2. Damaged property should not be disposed of until the Insurer has given permission, or the claim has been settled.
3. Breakage of Glass – if replacement cannot be immediately arranged, boarding up should be carried out to prevent further damage



DO NOT COMMENCE REPAIRS (OTHER THAN EMERGENCY REPAIRS) WITHOUT INSURERS PRIOR APPROVAL – FAILURE TO COMPLY WITH THIS CONDITION MAY RESULT IN YOUR CLAIM BEING DECLINED