

# Commercial Property Claim Form

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## Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and send it to us without delay. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive on the following numbers if you require any assistance with completing this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS. Tick the boxes and sign and date the form

## Contact Numbers

### Claims Department

Andrea Compton	0116 2999016
Sue Hitchcock	0116 2999020

### Partners/Account Executives

Peter Turner	0116 2999005
Perry Turner	0116 2999002
Lee Turner	0116 2999013
Kevin Lewis	0116 2999003
Peter Shaw	0116 2999009

Paul Chesters	0116 2999023
Jeff Cook	0116 2999004
Ketan Popat	0116 2999064
James Fogg	0116 2999015

## Late Notification

Please note that if your Insurance Company does not receive notification of your claim within a reasonable period of time, they may decide not to deal with your claim, or any claims made against you.

## Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

## Supporting Evidence

The claim will need to be supported by estimates for repair or replacement. If you believe the claim is going to large or complicated, please fax the form to us immediately on 0116 2999001 as your Insurers may wish to appoint Loss Adjusters.

## Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the partners of Turner & Co. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Services Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

## Turner and Company

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 [www.turnerand.co.uk](http://www.turnerand.co.uk)  
Authorised and regulated by The Financial Services Authority

# Commercial Property Claim Form



**For office use only** Turner and Co Claim Reference \_\_\_\_\_  
Insurance Company \_\_\_\_\_

## POLICYHOLDER

Name/Insured \_\_\_\_\_

Policy number \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Business \_\_\_\_\_ Contact \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you occupy the premises as Owner  Leaseholder  Tenant

Are you VAT registered? Yes  No

## THE EVENT

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Location \_\_\_\_\_

When was loss discovered? \_\_\_\_\_ By whom? \_\_\_\_\_

Were premises occupied at the time? Yes  No  If not, last occupied when? \_\_\_\_\_

Were the Police contacted? Yes  No  If yes, Police Crime Number \_\_\_\_\_

Address of Station \_\_\_\_\_ Date contacted \_\_\_\_\_

What precautions against loss/damage were taken? \_\_\_\_\_

Are the premises fitted with an intruder alarm? Yes  No  If Yes, did this operate? Yes  No

If No, please explain why \_\_\_\_\_

State fully circumstances of loss \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL DETAILS

Are you the owner of the property? Yes  No  If not, who is? \_\_\_\_\_

If not, are you legally liable for the damage? Yes  No

Have you instructed repair or replacement? \_\_\_\_\_

Details of any other interested party \_\_\_\_\_

Are there any other insurances on this property? Yes  No  If yes, give details \_\_\_\_\_

State the current full value of your Buildings £ \_\_\_\_\_ Contents £ \_\_\_\_\_

Have you previously made any claims for property damage? (If yes, give details) Yes  No

Have you or any director/partner been convicted for arson, theft or dishonesty? Yes  No

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**THE PROPERTY** (continue on separate sheet of paper if necessary)

Where applicable, attach estimates for repair or replacement, but do not delay submission of this form if not immediately available. Damaged property should be retained for inspection if required.

Detailed Description of Property	Date of Purchase	Original Cost £	Replacement or Repair Cost £	Amount Claimed £

TOTAL

£

**DECLARATION**

**Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supplied on this form, together with the information you have supplied on the proposal form and other information relating to the claim, may be provided to other Insurers.**

***The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.***

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_

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