

PROPERTY CLAIM FORM



INSURANCE FRAUD IS A CRIME QBE Insurance supports the fight against fraudulent claims	QBE Insurance (Europe) Limited, Plantation Place, 30 Fenchurch Street London EC3M 3BD Tel: 020 7105 4000 Fax: 020 7105 4019
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Insured Name: <input type="text"/> Address: <input type="text"/> <input type="text"/> Postcode <input type="text"/>	Tel No: <input type="text"/> Fax No: <input type="text"/> Is business registered for VAT? <input type="text"/> Is so, how much is recoverable from HM Customs & Excise? <input type="text"/>
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Date and Time of Loss: <input type="text"/> <input type="text"/> am/pm	Policy No: <input type="text"/>
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Your Property	Yes/No	
Are you the sole owner of the buildings?	<input type="text"/>	
Please give the name and address of any other party with an interest in your property, (bank, building society, HP Company, etc): <input type="text"/>		
Are you legally liable as tenant for damage to the property?	Yes/No <input type="text"/>	
If YES, please advise the identity of the landlord and forward a copy of your tenancy agreement. <input type="text"/>		
State purpose(s) for which the premises are used or nature of work carried on at the site: <input type="text"/>		
State total value of insured premises/property	Buildings: <input type="text"/>	Machinery: <input type="text"/>
	Fixtures/Fittings: <input type="text"/>	Stock: <input type="text"/>
	All other contents: <input type="text"/>	
Are there any other insurances on the property?	Yes/No <input type="text"/>	
If YES, give details: <input type="text"/>		
Have you ever before made a claim for damages to or loss of property on any insurance company or underwriter?	Yes/No <input type="text"/>	
If YES, give details of nature of Claim: <input type="text"/>		
Name of Insurers: <input type="text"/>	Amount paid £ <input type="text"/>	
General Information		
Have you or any director or partner ever been convicted of any criminal offence involving arson, theft or dishonesty?	Yes/No <input type="text"/>	
If YES, give details (impending proceedings must also be disclosed): <input type="text"/>		

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General Information

Place:

Who discovered loss? When?

State fully how the loss or damage occurred:

If your claim is for an article lost, stolen or maliciously damaged, the Police must be advised immediately.

Date Police advised: Address of Police Station:

Reference No: Officer's name & no:

Details of Claim (please continue on a separate sheet if necessary)

(Damaged property should be retained for inspection if required)

Where applicable, attach estimates for repair or replacement, but do not delay submission of this form if estimates are not immediately available.

Description of Property	Where & When acquired	Original Cost	Replacement Cost	Amount Claimed

Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supply 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

DECLARATION

I/We declare that the foregoing particulars are true and complete in every respect to the best of my/our knowledge and request that you deal with, and in the terms of the Policy indemnify me/us in respect of any claim arising out of the incident or occurrence to which this form refers.

Date: Signature(s):