

# COMMERCIAL PROPERTY CLAIM FORM



**PLEASE COMPLETE ALL QUESTIONS FULLY TO AVOID DELAY IN HANDLING YOUR CLAIM**

**Please submit claim form and estimate before authorising repairs.**

**PLEASE COMPLETE IN BLOCK CAPITALS**

E-mail: [icci.claims@insurancecorporation.com](mailto:icci.claims@insurancecorporation.com)

P.O. Box 160  
St. Peter Port,  
Guernsey, GY1 4EY  
Channel Islands

Telephone: 01481 713322  
Facsimile: 01481 714426

[www.insurancecorporation.com](http://www.insurancecorporation.com)

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St. Helier,  
Jersey, JE4 8ZZ  
Channel Islands

Telephone: 01534 700200  
Facsimile: 01534 768447

Policy No.

Broker/Agent

Mr, Mrs, Ms, Miss

Name of Insured

Address   
 Postcode

Telephone No. (Home)  Telephone No. (Work)

Occupation

Type of premises

Contact name  Telephone No.

Risk address (if different from above)   
 Postcode

Are you VAT registered? Yes  No

## Details of when, where & how loss/damage happened

Date of loss/damage  /  /20 Time (if known)  am/pm

Where did the loss/damage happen?

Are the premises unoccupied? Yes  No

If premises unoccupied, please state date and time they were last occupied  /  /20 Time  am/pm

Please give full details of the damage and how the loss occurred

Are you the owner of the premises? Yes  No

If 'NO' are you responsible for repairs and if so, why?

When and by whom was the loss or damage discovered?

Name of any witnesses

Addresses   
 Postcode

Were the Police notified? Yes  No

When and at which Police Station was report made? Date/Time  /  /20 Police Station

If Theft, was there forcible and violent entry to or from the premises? Yes  No

If 'YES' give details

Are the premises protected by an alarm? Yes  No

If 'YES', did it operate? Yes  No

Have you previously sustained loss or damage of this nature?

At these premises?

Yes

No

Elsewhere?

Yes

No

If 'YES' please give details

Is the property form which you are claiming insured under any other policy?

Yes

No

If 'YES' give details of Insurers and Policy No.

**Details of loss and/or damage** (Two estimates are required for claims over £250)

Description of property and/or items lost or damaged	Do you own the items? If not state name owner	Estimated cost of repairs (if applicable) please attach estimate(s)	Age of items and cost to INSURED (if applicable)		AMOUNT CLAIMED Taking into account depreciation	Value of any salvage
			Yr	£		

N.B. If you are still awaiting estimates or accounts, do not delay sending us the form.

Please tick box if estimate(s) are being obtained and are to be sent later.

I/We declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned.

Signature of Insured

Date  /  /

