

Property Damage Claim Form



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IMPORTANT NOTE

We aim to provide you with prompt and careful handling of your claim. To help us to help you please ensure that all relevant questions are answered as fully as possible (continue your answers on a separate page if necessary).

In addition you should:

- Contact your insurance broker if you need assistance
- Provide all documentation in support of your claim, such as medical certificates, but do not delay submitting this form if such documents are not immediately available
- Complete the form clearly and in BLOCK CAPITALS

Applicant Details**Policy number**

Name of policy holder

Insuring broker

Name of official to be contacted in connection with this accident

Are you registered for VAT Yes No**Postal address**

Postcode

Telephone

Email

Incident Details**Address where theft/damage occurred****Date of theft/damage****Time of theft/damage**

When did you receive notice of the incident

From whom

Accident Details Continued

Give full **description** of the incident and state exactly how it occurred

Other relevant factors (e.g. weather conditions; wet floors; obstacles; poor lighting etc)

Vehicle registration or serial number (Where applicable)

Was someone else responsible for the incident/damage Yes No

Witnesses

1st witness's name:

Address:

Postcode

Telephone

Employer

Witnesses Continued2nd witness's name: Address: Postcode Telephone Employer 3rd witness's name: Address: Postcode Telephone Employer **To be completed if claim involves property damage**Are you the owner Yes NoIf not, please advise the owner's name: Owner's address: Postcode Telephone **Give name(s) of any other party having an interest in the property****Are there any other insurances on the property?** Yes NoIf yes, please advise the insurer's name: Policy number insurer's address: Postcode Telephone

To be completed if claim involves property damage ... continued2nd insurer's name: Policy number insurer's address: Postcode Telephone 3rd insurer's name: Policy number insurer's address: Postcode Telephone

State total value of insured property:

Building £ Stock £ Other Property £

State Nature of occupancy of premises:

Are you responsible by agreement for the property? Yes No*If 'YES' please forward a copy of the agreement*Have you previously made a claim of this nature? Yes No

If 'YES', give details:

Name of Insurers: Nature of claim: Date of loss: Amount paid £

To be completed if claim involves property damage ... continued**Details of Building Claim**

Description of property damaged or destroyed			
Age of building or damaged fixtures/fittings			
Date when last decorated			
Estimated cost of repair £			
Allowance for depreciation (wear and tear) £			
Net Amount claimed £			

Details of the Damaged Property (where known)

Description of property			
Purchase Date (If known)			
Purchase Price (If known)			
Present Replacement Cost			
Less wear and tear			
Less Salvage Value			
Net Amount £			

Police Reporting

Has the incident been reported to the police/fire service Yes No

Name of Police Officer / Fire Officer

Name of station(s)

Do you accept responsibility for the accident Yes No

If not, who do you consider responsible and why

Documentation

Please attach as many of the following documents as possible:

Copy of accident book entry; statement from injured party; sketch / measurements; relevant training records; witness statement(s); photographs; service records; risk assessment(s); or any other that may apply

Has any claim been made upon you to date? Yes No

If so, please state when and whether verbally or in writing (if in writing attach a copy of the letter)

Investigating Manager

Name:

Job Title

Signature

Date *

Declaration

- I declare all the information given above to be true and complete to the best of my knowledge and belief and I have no other Insurance which will respond to this claim.

Name:

Signature

Date *