



# 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**