



# Doulton Underwriting Agents Ltd

## Premises / Property Claim Form

**NOTE** - Please ensure the form is fully completed. Estimates should also be provided if available but do NOT delay the return of the form if estimates have not yet been received. Failure to fully complete the form promptly will delay any settlement by Insurers.

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

Policy No.....

Insured.....

Trading Name.....

Address.....

.....Postcode.....

Telephone number: Business..... Private. ....

Business / Occupation.....

Is the insured registered as a taxable person for VAT? YES / NO

If YES what percentage of VAT are you able to recover?.....

### THE EVENT

Date and time.....

Place.....

When and by whom discovered.....

State fully what happened.....

.....

.....

If known state name and address of person causing loss or damage.....

.....

State Police advised and station together with crime reference.....

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### PREMISES/PROPERTY DAMAGED OR LOST

Are you the sole owner? YES / NO

If NO state name and address of owner .....

Give name(s) of any other party having an interest in the premises/property (including Bank, Building Society, Finance Company etc.).....

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Are you responsible by agreement for the premises / property YES / NO

State purposes for which the property is used.....

Were the premises unoccupied at the time of the loss? YES / NO

If YES when were they last occupied?.....

State total value of insured premises / property (not for glass claims)

Buildings..... Machinery..... All other contents..... Fixtures/fittings..... Stock .....

Are there any other insurances on the property? YES/NO If YES give details.....

Have you ever made a claim of this nature on any insurance company or underwriter? YES / NO

If YES give details.....

**DETAILS OF CLAIM**

## PREMISES

Specify separately each room or building damaged or destroyed	Age of building or damaged fixtures/fittings	Date when last decorated (each damaged room)	Estimated cost of repair	Adjustment for depreciation alteration or improvements	Net amount of claim

**CONTENTS AND/OR ARTICLES SPECIFICALLY INSURED**

(mark an X in the last column if articles are on hire, loan or under finance agreement or belong to a customer)

Description of articles. Attach estimates for repair or replacement	From whom obtained (name & address)	Date acquired or manufactured	Original price	Value of salvage	Net amount of claim

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 I / We declare the particulars upon this form are true and complete

Date ..... Signature(s) of Insured .....