

Beech Underwriting Agencies Ltd

Property Claim Form

12 Starnes Court, Union Street, Maidstone, Kent ME14 1EB Tel: 01622 755218 Fax: 01622 764735

IMPORTANT Please make sure that all questions on this form are fully answered. The form **must** be signed and dated.

AGENT DETAILS

SECTION 1 Insured Details:

Beech Certificate No.....
Name/Address of Insured.....
Risk Address.....
.....Postcode.....
Contact Details. Telephone No..... Mobile No.....
Home No..... Fax..... Email address.....

SECTION 2 Loss Details:

- a)** Time & date of loss or damage..... **k)** If you are not the sole owner of the property being claimed for, advise full details of interested parties.
.....
- b)** Cause of loss or damage (i.e. storm theft, glass breakage).....
.....
..... **l)** If there are any other insurances covering the property, which is the subject of this claim, advise details.
Policy number.....
Insurer.....
- c)** Full details of how loss occurred.....
.....
..... **m)** Have you have suffered any previous loss or damage at the risk address or elsewhere, whether you have made a claim or not? Yes/No
- d)** If the loss occurred at a different address please specify..... **i)** If yes, supply full details, including date and cause of loss.....
.....
.....
- e)** Were the premises closed for business? Yes/No **n)** Are you VAT registered? Yes/No
..... **i)** If yes, advise your VAT registration number
.....
- f)** Were the premises occupied at the time of loss? Yes/No
If the answer is no, advise when they were last occupied/.....
..... **j)** If you require any original invoices returned, advise at the time of submission.
- g)** Are you the owner or tenant of the property? owner/tenant
- h)** If you are the tenant, are you responsible for repairs? Yes/No
- i)** If the loss or damage has been caused by theft or malicious damage, please advise crime notification details.....
- i)** Police station notified and date.....
- ii)** Crime reference number.....
- J)** If known, advise name/address of those responsible.....

SECTION 3 To be completed in respect of all GLASS claims

No. of panes	Description of Glass (sheet,plate etc.)	Position of Glass (door,window etc.)	Size of pane width	height
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SECTION 4 To be completed in respect of all Loss of Money claims

The amount of the loss must be stated

- a)** Cash £..... Custodians Name(s).....
- b)** Cheques,postal orders etc. £..... Number of Custodians.....
- c)** Stamps/lottery scratch cards £.....

We shall require documentary evidence to substantiate the amount of the loss.

SECTION 5

NOTES 1. Damage to buildings – we shall require 2 tradesman's estimates (to be obtained at your own expense) in respect of the cost of repairing the building to the state it was in prior to the loss. No improvements should be included in the estimates.

2.Loss/Damage to stock - this is based on the cost price to you, not the selling/retail price. If the space below is not sufficient for you to list all of the stock or contents involved, please use a separate piece of paper and attach it to the claim form.

1	2	3	4	5	6	7
Item No.	Description of property Lost/Damaged	Current value of property Lost/Damaged	Deduction for wear & tear	Date of Purchase	Salvage value	Net amount Claimed

Total

I/we declare that to the best of my/our knowledge the information stated is true and complete.

Signature..... Date.....

Status(if signing on behalf of your company).....