



Bannerman Rendell

Lloyd's Insurance Brokers

BANNERMAN RENDELL LIMITED PROPERTY CLAIM FORM

Claim under Policy No.....
(please complete)

(If arranged through a Building Society please give name of)

.....
.....

1. Name of Insured

.....

Address.....

.....
.....

Postcode

Tel. No.
(Home).....

(Business
Hours).....

2. Are you registered for Value Added Tax?

.....

3. Nature of loss or damage and circumstances in which this occurred

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.....
.....
.....

4. Address at which loss/damage occurred

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.....

5. Were the premises unoccupied at the time of loss?

.....



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6. If so, when were they last occupied?

.....
.....

7. When did loss/damage occur?

Day..... Date.....

Time.....

8. Is the property claimed for covered by any other policy? If so, please complete below:

(a) Name of Insurer.....

(b) Policy No.....

(c) Address.....

.....

9. Have you ever sustained loss or damage by any of the risks insured by this policy?

.....

If so, give details,

.....

.....

THIS SECTION ALSO TO BE COMPLETED IF CLAIM IS FOR THEFT, LOSS OR DAMAGE BY MALICIOUS PERSONS

10. (a) When and by whom was loss discovered?

.....

.....

(b) By whom was discovery witnessed?

.....

11. When and where were you last definitely in possession of the property?

.....

12. When was loss reported to Police and by whom?

.....



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13. To which Police Station?

.....
.....

14. (a) By what means was access gained?

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.....
.....

(b) Were any doors or windows forced? If so, which?

.....

15. Do you suspect any person or persons? If so whom?

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.....

16. What enquiries have been made and what steps have been taken to recover property lost?

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.....

Please complete overleaf and sign in the space provided



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DETAILS OF CLAIM

Wherever possible attach a detailed estimate for repair. In the case of damage to a building it is not necessary to complete columns 4 & 5

Description of property, lost, destroyed or damaged	Are you the sole owner?	If not, give details of your interest and that of other parties?	When purchased?	Cost Price	Estimate cost of repair or replacement if repair not possible	If applicable allowance for depreciation (wear and tear)	Net amount claimed
Please continue on separate sheet if necessary						TOTAL:	

I/We hereby declare that to the best of my/our knowledge and belief all information given on this claim form is correct.

Date.....20.....

Signature of Policyholder