

**HINE INSURANCE BROKERS COMMERCIAL COMBINED  
INSURANCE - CLAIM REPORT**



Please answer all questions on this page as fully as possible and relevant sections on other pages  
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate

**INSURED**

Policy No \_\_\_\_\_ Renewal Date \_\_\_\_\_

Insured's Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_

Business: \_\_\_\_\_

Are You VAT Registered? Yes  No

If 'YES' state whether you can recover VAT relating to the property for which you are claiming

(i) Completely  (ii) Partially  (iii) Not at all  (Please tick as necessary)

If you can recover only partially, indicate reason and percentage recovery \_\_\_\_\_

If you cannot recover any VAT state reason : \_\_\_\_\_

**THE EVENT**

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

When and by whom discovered \_\_\_\_\_

If known, state name and address of person causing the loss or damage \_\_\_\_\_

Address where the event occurred \_\_\_\_\_

Post Code \_\_\_\_\_ Tel No (\_\_\_\_\_) \_\_\_\_\_

State rooms or area affected \_\_\_\_\_

State fully what happened \_\_\_\_\_

Are your premises protected by an alarm? Yes  No

If 'YES' did it operate? Yes  No

If illegal entry, which windows or doors were forced or in what other manner was entry effected?

Were the premises occupied at the time? YES/NO If 'NO' state date and time they were last occupied

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

State time and date police were advised, name of station and officer's number

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(inform police at once if the claim is for articles lost or stolen or maliciously destroyed or damaged)

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## **THE PROPERTY LOST OR DAMAGED**

Are you the owner? YES/NO If 'NO' state name and address of the owner

Name and Address: \_\_\_\_\_

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Give name(s) of any other party having an interest in the property

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Are there any other insurances on the property? YES/NO

If 'YES' give details (including name, address and policy no. of other insurers)

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State total value of insured property

Building £ \_\_\_\_\_ Stock £ \_\_\_\_\_ Other Property £ \_\_\_\_\_

State Nature of occupancy of premises: \_\_\_\_\_

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Are you responsible by agreement for the property? YES/NO If 'YES', please forward a copy of the agreement

Have you ever before made a claim of this nature on any insurance company or underwriter? YES/NO If 'YES', give details:

Nature of claim \_\_\_\_\_ Date of loss \_\_\_\_\_

Name of insurers \_\_\_\_\_ Amount paid £ \_\_\_\_\_

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## **DETAILS OF BUILDING CLAIM**

Tradesman's estimates should be attached

Description of property	Date when last decorated	Age of Building or damaged Fixtures/fitings	Allowance for Depreciation (Wear and Tear) £	Estimated Cost of Repair £	Net Amount Claimed £

If necessary please continue on a separate sheet.

## **DETAILS OF CONTENTS, INCLUDING MONEY**

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

Description of articles (attach estimates for repairable articles)	From who obtained (name and address)	Date acquired or manufactured	Cost (net or profit and VAT) price £	Value of salvage £	Net amount of claim less depreciation, salvage, profit and VAT etc £	VAT if claimed £

If necessary continue on a separate sheet

## **BREAKAGE OF GLASS**

Size \_\_\_\_\_ Type \_\_\_\_\_

Was glass sound previous to breakage? YES/NO

Do you require the reglazing deferred until further notice? YES/NO If 'YES' give reasons

Situation (e.g. door, window, showcase, etc.)

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## **BUSINESS EQUIPMENT**

Description \_\_\_\_\_

Maker's Name and Model \_\_\_\_\_

Serial Number \_\_\_\_\_ Date Purchased \_\_\_\_\_ Price Paid £ \_\_\_\_\_

Description of damage \_\_\_\_\_

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## **FROZEN FOODS**

Make and Model of refrigeration Unit \_\_\_\_\_

Serial No \_\_\_\_\_

Date Purchased \_\_\_\_\_ Value of Contents £ \_\_\_\_\_

Is freezer subject to a maintenance contract? YES  NO

If 'YES' give name and address of maintenance company and supply copy of maintenance agreement

Date of last service \_\_\_\_\_

**N B Any claim must be accompanied by a condemnation certificate issued by your local environmental health officer**

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## **DECLARATION**

I/We declare that to the best of my/our knowledge and belief the above is a full and accurate statement and I/we therefore claim the Sum of £

Date \_\_\_\_\_

Signature of Policyholder \_\_\_\_\_