

MERLIN CLAIMS LTD

PROPERTY CLAIMS FORM

CLAIM NO.

POLICYHOLDER

NAME : _____ POLICY NUMBER : _____

ADDRESS : _____

_____ POST CODE : _____

TELEPHONE NUMBER – HOME : _____ WORK : _____

ARE YOU REGISTERED UNDER THE VAT REGULATIONS YES NO

IF YES PLEASE GIVE DETAILS : _____

EVENT

DATE AND TIME : _____ PLACE : _____

WHEN & BY WHOM DISCOVERED : _____

PLEASE STATE THE **FULL** DETAILS OF THE LOSS OR DAMAGE AND **HOW IT OCCURRED** :

WERE THE POLICE NOTIFIED : YES NO

IF YES PLEASE GIVE THE CRIME NUMBER, STATION REPORTED TO, & TELEPHONE NUMBER:

PROPERTY

ARE YOU THE SOLE OWNER OF THE PROPERTY FOR WHICH THE CLAIM IS MADE :

YES

NO

IF NO PLEASE GIVE DETAILS OF OTHER INTERESTED PARTIES :

DOES ANY PART OF THE BUILDINGS, OUTBUILDINGS AND ATTACHED BUILDINGS HAVE A FLAT ROOF AREA:

YES

NO

IF YES PLEASE ADVISE THE CONSTRUCTION OF THE FLAT ROOF AND APPROXIMATE SIZE.

WERE THE PREMISES OCCUPIED AT THE TIME OF THE OCCURRENCE :

YES

NO

IF NO, AT WHAT TIME AND DATE WERE THE PREMISES LAST OCCUPIED

PLEASE STATE HOW LONG THE BUSINESS HAS TRADED FROM THE RISK ADDRESS : _____

STATE THE TOTAL VALUE OF THE INSURED PROPERTY :

BUILDINGS : £ _____

CONTENTS : £ _____

HAVE YOU PREVIOUSLY MADE A CLAIM AGAINST ANY INSURER :

YES

NO

IF YES PLEASE GIVE ALL PARTICULARS :

WERE THERE AT THE TIME OF THE OCCURRENCE ANY OTHER INSURANCES IN FORCE ON THE SAID PROPERTY WHETHER EFFECTED BY YOU OR ANY OTHER PERSON :

YES

NO

IF YES GIVE PARTICULARS : _____

HAVE YOU TAKEN ANY STEPS TO RECOVER YOUR PROPERTY : _____

DETAILS OF CLAIM

A. BREAKAGE OF GLASS

WHERE SITUATED : _____ SIZE : _____

CAUSE OF BREAKAGE : _____

NAME & ADDRESS OF PERSON WHO CAUSED BREAKAGE, IF NOT YOURSELF OR AN EMPLOYEE

TOTAL AMOUNT CLAIMING FOR GLASS : £ _____

B. BUILDINGS

SPECIFY SEPARATELY EACH ROOM OR BUILDING DAMAGE / DESTROYED	AGE OF BUILDING OR DAMAGED FIXTURES/ FITTINGS	DATE WHEN LAST DECORATED	AMOUNT OF ESTIMATE – (PLEASE ATTACH REPAIR OR REPLACEMENT ESTIMATE	NETT AMOUNT CLAIMED

C. CONTENTS

DESCRIPTION OF ARTICLES LOST/ DAMAGED	DATE ACQUIRED	FROM WHOM OBTAINED (MAKE/NAME)	ORIGINAL COST (RECEIPTS WHERE POSSIBLE)	REPLACEMENT COST OR COST OF REPAIRS	DEDUCTION FOR WEAR AND TEAR	VALUE OF SALVAGE	AMOUNT CLAIMED

I / WE DECLARE THAT THE ABOVE IS A FULL AND ACCURATE STATEMENT, AND I / WE THEREFORE CLAIM THE SUM OF £ _____ AS THE AMOUNT DUE TO ME / US IN RESPECT OF THE LOSS OR DAMAGE TO THE PROPERTY DETAILED. THE DAMAGED PROPERTY SHOULD BE PROTECTED FROM FURTHER DETERIORATION, BUT SHOULD NOT BE DISPOSED OF UNTIL PERMISSION IS GIVEN BY THE COMPANY OR THE APPOINTED ADJUSTERS.

DATE :	SIGNATURE OF INSURED :
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******* IMPORTANT – PLEASE ENCLOSE ALL ESTIMATES FOR REPAIR/REPLACEMENT *******