

**PROPERTY DAMAGE REPORT FORM**

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| Please complete this form and return to Walmsleys Commercial Insurance Brokers, 17-21 Dicconson Street, Wigan WN1 1RG  Telephone 0345 467 7192 Fax 01942 765339 Email [iansage@wcib.co.uk](mailto:iansage@wcib.co.uk) |

Please note that if you have suffered a Theft or Malicious Damage loss, the incident must be reported to the Police as soon as possible.

We ask that you refer to your policy booklet and read carefully any terms, conditions or warranties that may apply to your claim.

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| **Policyholder** | | | | | | | | | | | |
| Business Name: |  | | | | Insurer: | | |  | | | |
| Occupation: |  | | | | Policy Number: | | |  | | | |
| Address: |  | | | | Daytime Telephone No: | | |  | | | |
|  |  | | | | Mobile telephone No: | | |  | | | |
|  |  | | | | Email Address: | | |  | | | |
| Postcode: |  | | | | Contact Name: | | |  | | | |
| Are you VAT registered? | | Yes/No | If ‘Yes, VAT Number? | |  | | | What percentage can you recover? | | | % |
| **Risk address affected by the loss** | | | | | | | | | | | |
| Address:  (If different from above) | | |  | | | | | | | | |
| Description & Construction of Premises: | | |  | | | | | | | | |
| What are the premises used for? | | |  | | | | | | | | |
| Were premises occupied at the time of loss? | | | Yes / No | If ‘No’, when were they last occupied? | | | | |  | | |
| Please advise the current values of: | | | The Building | £ | | | The Contents | | | £ | |
| Does anyone else have a financial interest in the property (i.e. Mortgage, Tenant etc.) | | | | | | | | | | Yes / No | |
| If ‘Yes’, please give name, address and nature of interest: | | | | | | | | | | | |
| Have you had any previous losses in the last 5 years? | | | | | | | | | | Yes / No | |
| If ‘Yes’, please give details: | | | | | | | | | | | |
| **Loss Details** | | | | | | | | | | | |
| Date & Time that loss/damage was discovered: | | | | | |  | | | | | |
| How did the loss/damage occur? (Please give full details): | | | | | | | | | | | |
| What is the extent of the loss/damage including details of areas/items affected? (Please attach any supporting evidence of loss I.e. photos, reports etc) | | | | | | | | | | | |

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| **Please complete the following additional questions where relevant** | | | | | | | | | |
| **Theft Only** | | | | | | | | | |
| How did the thieves gain entry to the premises? | | |  | | | | | | |
| Were there any witnesses or is there any CCTV footage which may be relevant? | | | | | | | | | Yes / No |
| Have the Police been notified? | | | Yes / No | | If ‘Yes’ please give Crime Reference No: | | | |  |
| Name & Address of Police Station: | | |  | | | | | | |
| **Malicious Damage Only** | | | | | | | | | |
| Were there any witnesses or is there any CCTV footage which may be relevant? | | | | | | | | | Yes / No |
| Have the Police been notified? | | | Yes / No | | If ‘Yes’ please give Crime Reference No: | | | |  |
| Name & Address of Police Station: | | |  | | | | | | |
| **Storm Damage Only** | | | | | | | | | |
| What is the construction & age of the damaged area(s)? | | | | | |  | | | |
| When was the damaged area last maintained? | | | | | |  | | | |
| What brought the problem to your attention & when? | | | | | |  | | | |
| Are the premises weather-tight to prevent further damage? | | | | | | Yes / No | | | |
| **Escape of Water Only** | | | | | | | | | |
| What caused the escape of water? | | |  | | | | | | |
| Has the leak been fixed? | Yes / No | | If ‘No’, date when this will be completed? | | | | |  | |
| Are the premises habitable? | Yes / No | | Are the premises still wet internally? | | | | | Yes / No | |
| Is anyone else responsible for the leak? | | | Yes / No | | | | | If ‘Yes, Please give details below | |
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| **Contents Claim** – Please list all items lost or damaged. Continue on a separate sheet, if necessary. If possible please provide the original purchase receipts or replacement estimates. Please do not dispose of any damaged items until agreed by your Insurers as they may wish to inspect them. | | | | | | | | | |
| Description of Item | | Where and When Obtained | | | | | Original Cost | | Replacement Cost |
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|  | |  | | | | | Total | | £ |
| **Buildings Claim** – Please complete the following in respect of claims for damage to buildings | | | | | | | | | |
| Specify separately each building/room damaged or destroyed | | | | Age of building/damaged item | | | Date last decorated/maintained | | Amount of estimate |
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| **This section must be read carefully and signed by the Insured or an authorised person acting on their behalf.** | | | | | | | | | |
| **Notice** | | | | | | | | | |
| The damaged property should be protected from further deterioration but should not be disposed of until permission has been given by your Insurers or the appointed Loss Adjuster. | | | | | | | | | |
| **Data Protection** | | | | | | | | | |
| Insurers pass information to the Claims and Underwriting Exchange Register, run by the Insurance Database Service Limited (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft register, run by the Association of British Insurers (ABI). The aim is to help insurers check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as an accident or theft) whether or not a claim is being made. Your insurer will pass information relating to this incident to the registers. | | | | | | | | | |
| **Declaration** | | | | | | | | | |
| I/We declare that these particulars are true to the best of my/our knowledge. I/We understand that you may ask for information form other insurers to check the answers that I/we have provided and I/we authorise the giving of such information for such purposes. I/We understand that you may ask IDS Ltd &/or ABI for information they have received from other insurers to check the answers I/we have provided.  (In the case of joint policyholders, both should sign)  Signature(s)……………………………………………………………………………………………………………………………………………………..Date…………………………………………………  Signature(s)……………………………………………………………………………………………………………………………………………………..Date………………………………………………… | | | | | | | | | |