

GENERAL COMMERCIAL PROPERTY CLAIM FORM

TLDallas
Insurance since 1919

TO BE COMPLETED AND RETURNED TOGETHER WITH SUPPORTING DOCUMENTATION TO: -

T L DALLAS & CO LTD, DALLAS HOUSE, LOW MOOR, BRADFORD, BD12 0HF

SECTION ONE : POLICY HOLDER DETAILS

POLICY / CERTIFICATE NUMBER

FULL NAME OF POLICYHOLDER

FULL ADDRESS OF POLICYHOLDER

POSTCODE

TELEPHONE NUMBER

E-MAIL ADDRESS

FACSIMILE

ARE YOU VAT REGISTERED?

INSERT YES OR NO

ARE YOU RESPONSIBLE FOR THE PROPERTY BEING CLAIMED?

INSERT YES OR NO

IF NO ENTER DETAILS OF WHO IS

SECTION TWO : INFORMATION ABOUT THE CLAIM

DATE AND TIME OF INCIDENT

DATE

/ /

TIME

AM/PM

DATE AND TIME OF DISCOVERY

DATE

/ /

TIME

AM/PM

DISCOVERED BY:

ADDRESS OF WHERE INCIDENT TOOK PLACE IF DIFFERENT TO THE ABOVE

FULL DETAILS OF CIRCUMSTANCES

WERE THE PREMISES OCCUPIED AT THE TIME OF THE INCIDENT?

INSERT YES OR NO

ARE THE PREMISES PROTECTED BY AN ALARM?

INSERT YES OR NO

DID THE ALARM OPERATE?

INSERT YES OR NO

WAS THE INCIDENT REPORTED TO THE POLICE?

INSERT YES OR NO

DETAILS OF POLICE STATION

DETAILS OF POLICE OFFICER

CRIME REFERENCE NUMBER

IF THE INCIDENT INVOLVED A THIRD PARTY, PLEASE PROVIDE:

NAME OF THIRD PARTY

ADDRESS OF THIRD PARTY

VEHICLE REGISTRATION

INSURER AND POLICY NUMBER

PLEASE PROVIDE DETAILS OF ANY WITNESSES:

NAME	NAME
ADDRESS	ADDRESS

SECTION THREE : DETAILS OF PROPERTY BEING CLAIMED

PROPERTY	DATE OF PURCHASE	ORIGINAL PURCHASE COST (Please provide copy receipts if available)	REPLACEMENT COST (Please supply written estimate)	VALUE OF SALVAGE	AMOUNT CLAIMED NET OF VAT

SECTION FOUR: DECLARATION

I/WE HAVE AUTHORITY TO COMPLETE AND SUBMIT THIS CLAIM ON BEHALF OF THE POLICYHOLDER

I/WE DECLARE THAT THE INFORMATION SUPPLIED IS CORRECT AND TRUE TO MY/OUR BEST KNOWLEDGE AND BELIEF

SIGNATURE

PRINT NAME

POSITION

DATE