

PHP PLC COMMERCIAL PROPERTY CLAIM FORM

Please return completed Claim Form to

Policy Number

Claim Reference (if known)

NOTE: Please use separate sheet(s) of paper to respond to questions where there is insufficient space on the form

A. POLICYHOLDER

Name	PHP PLC
Address	
Business or Occupation	PROPERTY INVESTORS

Are you registered for VAT Yes No

If "Yes", state rating (full, exempt, partial) % if partial

B. SITUATION OF LOSS

Address (if different to address above)	
Post Code	Tel Number :

Are you the owner or occupier of the premises? Yes No
 Were the premises occupied at the time of loss? Yes No

If 'No' to either of the above questions, please give details

Have you sustained any previous loss or damage in the last 5 years? Yes No

If 'Yes' please give details

Is there any other insurance currently in force which may cover this loss or damage? Yes No

If 'Yes' give details

C. CIRCUMSTANCES

Date of Loss/Damage	Time of Loss/Damage	am/pm
Date loss or damage was discovered and by whom	Time	am/pm
Details of Circumstances		
If damage caused by Third Party e.g. contractor or tradesman please give details and identify, if known		
Name and address of Witnesses, if any		

D THEFT FROM PREMISES

How was entrance to and exit from the premises gained?

Has the thief been identified

Yes

No

Has any arrest been made?

Yes

No

If 'Yes' to either or the above questions, please give details

Are the premises protected by an alarm?

Yes

No

If 'Yes' give details of its operations (e.g. bells only, central station connection including maintenance contract)

Was alarm operational and activated at the time of loss?

Yes

No

If 'No' give further details

Were there any other security measures in place at the time of the loss?

Yes

No

If 'Yes' give details

E. POLICE/OTHER AUTHORITIES

Were Police informed of loss?

Yes

No

If 'Yes', give details including attending officers' name and number, station where based, and when it was reported

Crime Reference (if applicable)

Did any other authorities attend loss e.g. Fire Brigade?

Yes

No

If 'Yes', give details

F. PROPERTY LOST/DAMAGED

Have instructions been given to undertake repairs or otherwise secure the premises

Yes

No

If 'Yes', please provide details

Details of Property Damaged (please attach receipts, estimates, invoices as applicable)

Item	Who owns the item	Cost of replacement/repair	Age of items and actual cost	Amount claimed (taking into account depreciation)	Value of salvage

G. PAYMENT DETAILS

Do you wish for claim reimbursement to be made by BACS transfer?

Yes

No

If 'Yes', please provide the following details:

Name of Tenant/Account Holder -

Bank Account No -

Sort Code -

H. DECLARATION

I/We hereby declare that the information given is true to the best of my/our knowledge and belief and I/we claim the amount stated above in respect of the items mentioned.

Signature		Date	
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Print Name	Position/Job Title
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