

# PROPERTY CLAIM FORM



**INSURANCE FRAUD IS A CRIME**  
**QBE Insurance supports the fight against fraudulent claims**

QBE Insurance Company (UK) Limited  
Corn Exchange, 55 Mark Lane, London, EC3N 7NE  
Telephone 020 7456 0000, Fax 020 7680 1962

**Insured**

Name:

Address:

Postcode:

Tel No:

Fax No:

Is business registered for VAT?

Is so, how much is recoverable from HM Customs & Excise?

Date and Time of Loss:   am/pm Policy No:

**Your Property**

Are you the sole owner of the buildings?  Yes/No

Please give the name and address of any other party with an interest in your property, (bank, building society, HP Company, etc):

Are you legally liable as tenant for damage to the property?  Yes/No

If YES, please advise the identity of the landlord and forward a copy of your tenancy agreement.

State purpose(s) for which the premises are used or nature of work carried on at the site:

State total value of insured premises/property

Buildings:	<input type="text"/>	Machinery:	<input type="text"/>
Fixtures/Fittings:	<input type="text"/>	Stock:	<input type="text"/>
All other contents:	<input type="text"/>		

Are there any other insurances on the property?  Yes/No

If YES, give details:

Have you ever before made a claim for damages to or loss of property on any insurance company or underwriter?  Yes/No

If YES, give details of nature of Claim:

Name of Insurers:  Amount paid £

**General Information**

Have you or any director or partner ever been convicted of any criminal offence involving arson, theft or dishonesty?  Yes/No

If YES, give details (impending proceedings must also be disclosed):

# PROPERTY CLAIM FORM



## General Information

Place:

Who discovered loss?  When?

State fully how the loss or damage occurred:

If your claim is for an article lost, stolen or maliciously damaged, the Police must be advised immediately.

Date Police advised:  Address of Police Station:

Reference No:  Officer's name & no:

## Details of Claim (please continue on a separate sheet if necessary)

(Damaged property should be retained for inspection if required)

Where applicable, attach estimates for repair or replacement, but do not delay submission of this form if estimates are not immediately available.

Description of Property	Where & When acquired	Original Cost	Replacement Cost	Amount Claimed

**Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supply on this form, together with the information you have supplied on the proposal form and other information relating to the claim, may be provided to other insurers**

## DECLARATION

I/We declare that the foregoing particulars are true and complete in every respect to the best of my/our knowledge and request that you deal with, and in the terms of the Policy indemnify me/us in respect of any claim arising out of the incident or occurrence to which this form refers.

Date:  Signature(s):