

PROPERTY CLAIM FORM



1. YOU THE POLICYHOLDER

NAME OF INSURED

ADDRESS OF PREMISES

POSTCODE

CONTACT NUMBER

POLICY NUMBER :

ARE YOU REGISTERED TRADE FOR VAT PURPOSES?

YES

NO

IF YES- VAT REG NUMBER

IF YES, STATE WHETHER YOU CAN RECOVER THE VAT RELATING TO THE PROPERTY FOR WHICH YOU ARE CLAIMING

COMPLETELY

PARTICIALLY

NOT AT ALL

IF YOU CAN RECOVER ONLY PARTIALLY, INDICATE THE REASON AND PERCENTAGE RECOVERY

THANK YOU FOR YOUR INFORMATION

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PROPERTY CLAIM FORM



IF YOU CANNOT RECOVER TAX, STATE REASON

Empty light blue rectangular box for providing the reason if tax cannot be recovered.

ADDRESS OR LOCATION WHERE LOSS OR DAMAGE OCCURRED

Empty light blue rectangular box for providing the address or location where the loss or damage occurred.

DATE AND TIME OF LOSS OF DAMAGE

Empty light blue rectangular box for providing the date and time of the loss or damage.

PROVIDE DETAILS OF THE CIRCUMSTANCES GIVING RISE TO LOSS OR DAMAGE (IF FIRE, GIVE EXACT CAUSE OF THE OUTBREAK)

Large empty light blue rectangular box for providing detailed circumstances of the loss or damage.

THANK YOU FOR YOUR INFORMATION

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PROPERTY CLAIM FORM



TYPE OF PREMISES, EG. SALESHOP, WAREHOUSE ETC.

ARE THE PREMISES UNOCCUPIED?

YES

NO

WHEN AND BY WHOM WAS THE LOSS OR DAMAGE DISCOVERED?

NAME (S) AND ADDRESS(ES) OF ANY WITNESSES

NAME

ADDRESS

POSTCODE

NAME

ADDRESS

POSTCODE

THANK YOU FOR YOUR INFORMATION

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PROPERTY CLAIM FORM



NAME

ADDRESS

POSTCODE

NAME

ADDRESS

POSTCODE

ARE YOU THE OWNER OF THE PREMISES?

YES

NO

IF YOU ARE NOT THE OWNER, ARE YOU RESPONSIBLE FOR THE REPAIRS AND IF SO, WHY?

HAVE YOU PREVIOUSLY SUSTAINED LOSS OR DAMAGE OF THIS NATURE? IS SO, GIVE DETAILS

AT THESE PREMISES

ELSEWHERE

THANK YOU FOR YOUR INFORMATION

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PROPERTY CLAIM FORM



IF THE PROPERTY FOR WHICH YOU ARE CLAIMING INSURED UNDER ANY OTHER INSURANCE POLICY?

YES NO

IF YES, GIVE NAME AND ADDRESS OF INSURERS AND POLICY NUMBER

POLICY NO

ADDRESS

POSTCODE

COMPLETE IN ALL CASES OF THEFT, MALICIOUS DAMAGE OR ACCIDENTAL LOSS

WHEN AND AT WHICH STATION WERE POLICE NOTIFIED?

PLEASE STATE POLICE CRIME REFERENCE

IF THEFT, WAS THERE FORCIBLE AND VIOLENT ENTRY TO OR EXIT FROM THE PREMISES? GIVE FULL DETAILS

THANK YOU FOR YOUR INFORMATION

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PROPERTY CLAIM FORM



IF THE PREMISES ARE UNOCCUPIED, PLEASE STATE DATE AND TIME THEY WERE LAST OCCUPIED

ARE THE PREMISES BY AN INTRUDER ALARM?

YES

NO

IF YES, DID IT OPERATE?

YES

NO

DETAILS OF LOSS/OR DAMAGE

Description of property and/or items lost or damaged	Do you own the items? If no state name of the owner	Estimated cost of repairs (if applicable) please attach an estimate or account	Age of item and cost to the INSURED (if applicable) year £	Amount claimed taking in to account depreciation £	Value of any salvage £

THANK YOU FOR YOUR INFORMATION

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PROPERTY LIABILITY CLAIM FORM



Breakage of glass

Address at which breakage occurred	window, door etc	Type of broken glass	No. of panes	state inches Height	or mm Width	Broken or cracked

HAVE YOU GIVEN INSTRUCTIONS FOR REPLACEMENT?

YES

NO

I/we declare that the statements made are true to the best of my/our knowledge and belief and I/We claim the amount stated above in respect of the items mentioned

SIGNED

DATED

NAME

THANK YOU FOR YOUR INFORMATION

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