

Verlingue Commercial Property Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: newclaims@verlingue.com, or by telephone: 0333 010 0013

Section A

Policyholder	
Address	
Trade/Business	
Contact & Telephone Number	
Are you VAT Registered? Y/N	

Section B

Date of incident	
Time of incident	
Where did the incident occur (if not at the above address)	
How did the incident occur? Please provide details of all events including such items (as if the incident was a theft, how entry was gained? Particulars of the claim:	

Further Details – Only complete if the Claim is for Theft, Loss or Malicious Damage

By whom was the discovery made?	
When was the property last seen?	
Have the police been notified?	
Date of notification:	
Crime number:	
Address of station:	
Officer name and number:	
Have any steps been taken to recover the property?	
How long was the vehicle left unattended?	
Where in the vehicle was the property?	
Are the premises protected by an alarm?	
If 'Yes', give details of its operations (e.g. bells only, central station connection including maintenance contract)	
Was alarm operational and activated at time of loss?	
If 'No', give further details	

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Section B

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

If 'Yes', give details

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

If 'Yes', give details

Please complete the following questions if the theft occurred from a vehicle

How long was the vehicle left unattended?

Where in the vehicle was the property?

Section C

Please provide details of the property lost/damaged

Item (make/model)	Price paid (£)	Date of purchase	Is it repairable?	Repair/replacement cost (£)

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Section C

If the item(s) is (are) repairable, have you instructed repairs?		
Is (are) there any of the above item(s) not owned by you?		
If Yes, please state whom owns the item(s)		
Do you hold any other insurance policies that may cover this incident?		
If yes, please confirm:	Insurer:	
	Policy number:	

Section D

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief.

I/we agree to provide insurers with any further information as they may reasonably request.

I/we understand that Verlingue Limited do not admit liability by the issue of this claim.

Name	
Position	
Signature	
Date	