

COPPERGATE

COPPERGATE INSURANCE SERVICES LIMITED

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PROPERTY LOSS/DAMAGE REPORT FORM

This form is issued without prejudice to liability to establish the facts. Issue of the form does NOT constitute an admission of liability under the policy. Insurers may require further information and particulars or may instruct loss adjusters to investigate on their behalf.

1. GENERAL INFORMATION

Insurance Company:	
Policy No:	
Name of insured	
Address (for correspondence) Post-code.....
Daytime contact and telephone number	
What is your business or profession?	
Are you registered for VAT?	

2. PARTICULARS OF LOSS OR DAMAGE

Date and approximate time the damage occurred		am/pm
Date and time when loss or damage was discovered		am/pm
Address where the loss or damage occurred Post-code.....	
Was the property occupied at the time?		
Is any part of the property let or sub-let? If so, please give details here		
Describe FULLY how the loss or damage occurred (continue overleaf or on a separate sheet if necessary):		

If damage was due to the act of another person, please provide their details (if known)	
Are you the owner of the property for which you are now claiming? If not, please state who is	
When was the property last seen by you prior to the date of loss or damage?	

If due to ACCIDENTAL LOSS, THEFT, MALICIOUS DAMAGE or CRIMINAL ACTIVITY, please state:	
- Police station where the matter was reported
- Name/number of police officer dealing (if known)
- Crime or incident number given

3. SCHEDULE OF PROPERTY LOST OR DAMAGED

Please enclose estimates or receipts where applicable

Description of property/item	Date purchased	Original purchase price	Cost to replace or repair
Totals:			

4. SETTLEMENT INSTRUCTIONS

Subject to the loss or damage being covered by the policy please state name(s) to appear on the settlement cheque:	
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5. ADDITIONAL INFORMATION

<p>Please use this space to provide any additional information that you may think is relevant to your claim including details of any other policy in force covering the same property for the loss or damage described:</p> <p>.....</p> <p>.....</p>

6. DECLARATION

I/we declare that the information given and statements made are true to the best of my/our knowledge and belief and that there is no other policy covering the same property and/or incident under which I/we can submit, or have submitted, a claim.

Signed Dated