



# COMMERCIAL CLAIM FORM

## Ansvar Insurance Company Limited

Ansvar House, St Leonards Road, Eastbourne, East Sussex, BN21 3UR  
Telephone: 0845 60 20 999 or 01323 737541 Fax: 01323 739355  
Email: [ansvar.claims@ansvar.co.uk](mailto:ansvar.claims@ansvar.co.uk)

Member of: Association of British Insurers (ABI) Financial Ombudsman Service  
Ansvar is authorised and regulated by the Financial Services Authority.  
Our FSA Register number is 202019. To check these details on the FSA's Register:  
[www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) Tel. 0845 606 1234

Please complete in FULL in BLOCK CAPITALS  
and return the form without delay

Policy No.

Please tick: Fire  Loss or Damage  Theft

### GENERAL INFORMATION (To be completed for ALL claims)

Name

Address

Postcode

Occupation

Telephone (Daytime)

Telephone (Evening)

Date of occurrence

Date of discovery

Time of discovery

am/pm

Address of Premises where Fire, Loss, Damage or Theft occurred

State the full circumstances of the Fire, Loss, Damage or Theft

Is the Claimant the sole owner of the property lost, destroyed or damaged? YES  NO

If not, give the name and address of any person who is financially interested in such property and the precise nature of such interest

If you are not the owner of your premises, are you liable under a Tenancy Agreement for breakages of glass, or damage to fixtures and fittings? YES  NO

Have you previously made a claim against any Insurer in respect of risks covered by your Policy? YES  NO

If so, please give details of all claims.

What was the total value of all of the property insured by the Policy at the time of the loss?

Buildings £  Contents £  Other items £

Were there witnesses present at the time of discovery?

If so, please state names and addresses

YES  NO

### GLASS BREAKAGE

Please state type of glass, size and location

### FIRE

(a) Did a Fire Brigade attend? YES  NO

(b) Did the Police attend? YES  NO

### LOSS, DAMAGE OR THEFT (This section must be completed for all theft or loss claims)

Date reported to the Police

Time reported to Police

am/pm

Address of Police

Crime ref. no.

How were the premises entered? (State whether forced entry or otherwise.)

Were the premises occupied at the time of Loss? YES  NO

If not, on what date, at what time and by whom were they last occupied?

Do you suspect any person or persons? YES  NO

If so, please give details.

Give name and address of person who caused the damage.

What steps have been taken to recover lost or stolen property?

What action has been taken to prevent further loss, damage or re-occurrence?

**PLEASE READ CAREFULLY**

- 1 UNTIL INSTRUCTIONS ARE RECEIVED FROM THE COMPANY OR THE LOSS ADJUSTER TO THE CONTRARY ALL SALVAGE MUST BE PROTECTED BY THE INSURED FROM DETERIORATION AND RETAINED FOR INSPECTION BY THE COMPANY.
- 2 DAMAGE TO BUILDINGS – competitive estimates for necessary repairs should be passed to the Company as soon as possible.
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  - (a) Basis of settlement “Indemnity” – (as B below) all claims should be based on the current replacement value (at the time of the loss) of the article lost, damaged or destroyed, less a suitable deduction for wear and tear (e.g. if the lifespan of the article concerned is reckoned to be 10 years and it is at present 5 years old then you are entitled to claim 50% of the current replacement cost).  
No deduction for wear and tear need be made in respect of household appliances, carpets and furniture which are less than 2 years old.
  - (b) Basis of settlement “New for Old” – the amount claimed should be the current replacement cost. Wherever possible we aim to provide replacements. To assist validation please provide a full specification of the lost/damaged articles.

**SCHEDULE OF PROPERTY LOST, DAMAGED OR STOLEN**

Receipts, valuations or other satisfactory evidence must be produced to prove loss

Detailed list of property lost, destroyed or damaged	Where and When purchased or obtained		Present replacement price	Value at time of loss or damage after allowing for previous wear and tear	Value of salvage (i.e. value, if any, after loss or damage)	Estimated cost of repairs	Amount claimed
	Place	Date					

**FOLLOWING SECTION TO BE COMPLETED BY THE INSURED**

Are there any other insurances in force upon the damaged property – e.g. Travel Insurance? If so, state name of Company and the number of the Policy held.

I/We declare that the foregoing particulars are true in every respect Signature of Policyholder:

Date:  /  /  Position:

**It is a condition of the Policy that it shall be void if any claim be fraudulent, or exaggerated, or if any false declaration or statement be made in support of it.**

**PAYEE DETAILS**

Cheques will be made payable to the named ‘Insured’ as shown on the policy schedule. Should you require cheques to be paid to a different payee, please enter your requirement in the box below. To enable us to proceed with your request, the declaration must be signed by an authorised official.

**VALUE ADDED TAX**

- 1. Do you have a VAT registration number? YES  NO
- 2. If the answer to 1 is YES, do you recover all your input from Customs and Excise? YES  NO
- 3. If the answer to 2 is NO (i.e. you are “partially exempt”) what percentage are you provisionally assessed as being able to recover? %