

Commercial Property Claim Form

PLEASE COMPLETE ALL QUESTIONS FULLY TO AVOID
DELAY IN HANDLING YOUR CLAIM

Please submit claim form and estimate before authorising
repairs.

PLEASE COMPLETE IN BLOCK CAPITALS

Intact Insurance Isle of Man Limited

P.O. Box 27
Jubilee Buildings,
1 Victoria Street,
Douglas,
Isle of Man, IM99 1BF
Tel: 01624 645900

Email:
intactIOM@intactinsurance.co.uk
www.intactinsurance.co.im

Policy No.

Broker/Agent

Name of Insured

Mr/Mrs/Ms/Miss/Other

Name

Postal Address

Postcode

Telephone No. (Home)

Telephone No.

(Business)

Email Address

Occupation

Type of premises

Contact name

Telephone No.

Risk Address (if different from above)

Postcode

Are you VAT registered?

Yes

No

Details of when, where & how loss/damage happened

Date of loss/damage

Time (if known)

 am/pm

Where did the loss/damage happen?

Are the premises unoccupied?

Yes No

If premises unoccupied, please state date and time they were last occupied

Time

 am/pm

Please give full details of the damage and how the loss occurred

Are you the owner of the premises?

Yes No

If **'NO'** are you responsible for repairs and if so, why?

When and by whom was the loss or damage discovered?

Name of any witnesses

Postal Address

Postcode

Were the Police notified?

Yes No

Lost Property/Crime No.

When and at which Police Station was report made?

Police Station

If Theft, was there forcible and violent entry to or from the premises?

Yes No

If **'YES'** give details

Are the premises protected by an alarm?

Yes No

If **'YES'**, did it operate?

Yes No

Have you previously sustained loss or damage of this nature?

At these premises?

Yes No

Elsewhere?

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 above in respect of the items mentioned.

Signature of Insured

Date

PAYMENT METHOD

Once we are in a position to issue payment of your claim, we are able to offer settlement by direct bank transfer. (Please fill in your account details below).

Account Name:

Account Number:

Sort Code:

JOINT NAMES

If your policy is held in joint names, then payment will also be issued in joint names unless otherwise specified. In order to issue payment to one policyholder only, we will require consent from any other policyholders noted on policy by having them complete the mandate below:

I/WE GIVE MY/OUR CONSENT FOR ANY AND ALL PAYMENTS IN RESPECT OF THIS CLAIM TO BE ISSUED IN THE SOLE NAME OF:

Signature(s)

Print Name(s)

Date