

PROPERTY REPORT FORM

Policyholder Details

Name: Policy No:

Address: Contact No.

..... VAT Registered: Yes No

..... Postcode:

Damage &/Or Loss Details:

Date: Time: Location:

Reported to Police: Yes No PC Name & Number:

Police Ref. Station:

Are you the sole owner of the property concerned? Yes No If No, please confirm the details of the other party:

In relation to loss, are you aware of any of the individuals responsible?

If applicable, were the premises occupied at the time? Yes No

Please provide a brief description of damage and/or loss (please use separate page if necessary)

Property Lost, Stolen or Damaged Details:

Please provide copies of all original purchase receipts along with replacement estimates / invoices

Description	Date Acquired	Cost to Replace / Repair

Are you aware of any other Insurance policies which may cover this incident? Yes No If Yes, please confirm details:

Declaration:

I / we declare that to the best of my/our knowledge, this statement is true

Signature: Date: