

Claims are usually held up because of missing information

To ensure your claim can be processed as quickly as possible please ensure that the following information is included:

- Please complete the form as fully as possible
- · The date the event occurred is vital, if ongoing use the date discovered
- As many details of the event as possible, i.e. if water damage, where from, which room, cause etc.
- · Your name and daytime telephone number
- A minimum of **2 quotations**
- The form cannot be processed until it is signed
- If the claim has arisen because you have been a victim of crime, you will be unable to process your claim without a <u>crime number</u>.

Please email **claims@ringley.co.uk** and we will confirm the policyholder details. We will also supply the name, address and email address of your insurance broker, who will administer your claim.

Thank you Ringley Estates Team



COMMERCIAL INSURANCES PROPERTY LOSS OR DAMAGE CLAIM FORM

Policy Details				
Policy No.	Broker	Broker Date F		
olicyholder				
Name		Business Address		
Address		1 .		
		Postcode	Tel:	
Postcode	Tel:	Are you registered for VAT	? YES/NO	
Are you the owner, tenant or mortgagor? Is anyone available at the home address during the day? YES/NO		(If YES can you recover VAT on the cost of repair/replacements? YES/NO/PARTIALLY		
Details of Loss or Damage				
Date		Time		
Place				
If damage or loss occurred in a	building for what purpose is the buil	ding used? (e.g. Domestic/Bu	siness)	
			•	
Is it fully occupied? YES/NO				
If YES by whom?				
Please describe exactly what ha	ppened			
If known places state identity o	of person causing loss or damage			
Name	person causing loss of damage			
Address		- CANON-S	Married bearings as and the married	
Address				
21 1 1 1 1 1	1	1 2 1.1		
Please give details of all persons	s having knowledge of the incident th	ne person wno aiscoverea the	e loss or damage	
			The state of the s	
If property lost or stolen				
When was the loss reported to	Police?			
Name and Number of Officer		Station?		
Police Reference No.?				
If damage caused by fire did Fi	re Brigade attend? YES/NO			
Station?				

Particulars of Claim

Please give as full a description as possible providing purchase receipts or other documentation where available. Please check your policy for the basis of claims settlement.

From whom obtained (Name and Address)	Date acquired	Original purchase price	Cost to replace or repair	Value of salvage	Amount claimed
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					rendrin
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aged property? YES/NO					Nates
	Consideration of the control of the	GMN23Y STAV risk benezities got stake of the TAV gaveous son nor 13 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(Name and Address) acquired purchase price	(Name and Address) acquired purchase price replace or repair	(Name and Address) acquired purchase price or repair salvage or repair

Do you own the lost or damaged p	roperty? YES/NO		
If NO who does?			
Are there any other Insurance Polic	ies covering this loss? YES/NO		
If YES please give details			
Have you previously suffered a loss	similar to the one the subject of this clair	n? YES/NO	SHOP IS NOT UT PROPERTY.
If so please give details			
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			ingden.

I/We declare that to the best of my/our knowledge and belief the foregoing particulars are true in every respect.

Signature of Policyholder Date	Please return to	GROUPAMA INSURANCE COMPANY LIMITED Groupama House 17 Station Road New Barnet EN5 1PG Tel: 020 8441 4500 Fax: 020 8441 9896
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