

## 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

## **ZURICH COMMERCIAL CLAIM FORM**

Please write in BLOCK CAPITALS

•	DETAILS OF POLICY	CLAIMS REFERENCE:	TBA
1.	Policy number AV491462		
	BROKER REF:		
•	DETAILS OF INSURED		
2.	Name of Insured (please complete A or B)		
	A Title (Mr/Mrs/Miss/other)	Forenames Surname	
	Address:		
		Postcod	e:
		(Business)	
3.	Are you registered for V.A.T.? (YES/NO)	If YES, status (or % exemption)	
	INFORMATION ABOUT LOSS/DAMAGE		
4.	When did the loss/damage occur? Day	Month Year Time	
5.		11110	
	19		
5a.	If the damage was caused by a water leak, please	advise where the leak originates	and if
	the cause of the leak has been rectified . YES or N	NO	
6.	Were any other parties' involved/responsible?		
_			
7.	Address at which the loss/damage occurred		
8.	Where the premises unoccupied at the time of loss	22 State VES on NO	
0.		State TES OF NO	
	FURTHER DETAILS		
9.			
	(a) When and by Whom was loss discovered:		
	(b) By whom was the discovery witnessed?		
10.	When and where were you last in possession of the	ne item(s)?	
11.	When was the loss reported to the police and by w	vhom?	
12.	To which Police Station?		
13.		isaa?	
1.5.		ises? If YES, which?	
		? YES or NO	
14.			
17.	Do you suspect any person(s): I ES OF NO	_ If, YES, whom?	

	PREVIOUS LOSSES								
	Have you ever sustained loss or dama	ige by any of the risks insu	ared by this policy	v? YES or No	)				
	If YES, please give details (please continue on a separate sheet if necessary):								
		,	, , , , , , , , , , , , , , , , , , ,						
L									
	DETAILS OF CLAIMS								
	Whenever possible attach a detailed of Please ensure that all damaged proper								
	insurer or their representative.	arty is protected from furt	ner deterioration	and is kept	until permission to	dispose of it is re-	ceived fron		
	Description of property lost,	If you are not the	When	Cost	Estimate cost	If	Net		
	destroyed or damaged	sole owner, please give details of	purchased	price	of repair or replacement	applicable allowance	amount		
		other parties and their interest			replacement	for wear &	ciaimed		
		other parties and			replacement		ciaimed		
		other parties and			replacement	for wear &	ciaimed		
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		other parties and			replacement	for wear &	Claimed		
		other parties and			replacement	for wear &	Claimet		
	OTHER INSURANCES	other parties and their interest			replacement	for wear &	Ciaimed		
	OTHER INSURANCES  If the property is covered under any ot	other parties and their interest	te the following:		replacement	for wear &	cialined		
		her policy, please complet				for wear &	Cialined		
	If the property is covered under any ot  (a) Name and Address of Insurer	her policy, please complet				for wear & tear			
	If the property is covered under any ot  (a) Name and Address of Insurer	her policy, please complet				for wear & tear			
	If the property is covered under any ot  (a) Name and Address of Insurer  DECLARATION	her policy, please complet	(Ł	o) Policy No.		for wear & tear			
C	If the property is covered under any ot  (a) Name and Address of Insurer	her policy, please completed	ation given on thi	o) Policy No.	is correct.	for wear & tear			

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