



Commercial Property Claim Form

Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and send it to us without delay. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive on the following numbers if you require any assistance with completing this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS. Tick the boxes and sign and date the form

Contact Numbers

Claims Department

Andrea Compton	0116 2999 071
Kally Toft	0116 2999 016
Matthew Thompson	0116 2999 020

Directors/Account Executives

Chris Thorpe	0116 2999 009
James Moore	0116 2999 019
Ketan Popat	0116 2999 064
Dave Norwood	0116 2999 015
Jo Watson	0116 2999 003
Perry Turner	0116 2999 002
Peter Turner	0116 2999 005

Late Notification

Please note that if your Insurance Company does not receive notification of your claim within a reasonable period of time, they may decide not to deal with your claim, or any claims made against you.

Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

Supporting Evidence

The claim will need to be supported by estimates for repair or replacement. If you believe the claim is going to large or complicated, please complete this form and either email or fax it to us immediately as your Insurers may wish to appoint Loss Adjusters.

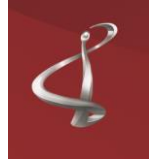
Email – claims@turnerinsurance.co.uk

Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the partners of Turner Insurance Group. Your complaint will be acknowledged in writing within submitted to you. If you are a retail customer as are still not satisfied you can take your complaint are available on request.

Turner Insurance Group

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerinsurance.co.uk
Authorised and regulated by The Financial Conduct Authority



Commercial Property Claim Form

For office use only TIG Claim Reference _____
Insurance Company _____

POLICYHOLDER

Name/Insured _____
Policy number _____
Address _____
Postcode _____
Business _____ Contact _____
Daytime telephone number _____ Fax number _____
E-mail address _____
Do you occupy the premises as Owner Leaseholder Tenant
Are you VAT registered? Yes No

THE EVENT

Date _____ Time _____ am/pm _____
Location _____
When was loss discovered? _____ By whom? _____
Were premises occupied at the time? Yes No If not, last occupied when? _____
Were the Police contacted? Yes No If yes, Police Crime Number _____
Address of Station _____ Date contacted _____
What precautions against loss/damage were taken? _____
Are the premises fitted with an intruder alarm? Yes No If Yes, did this operate? Yes No
If No, please explain why _____
State fully circumstances of loss _____

GENERAL DETAILS

Are you the owner of the property? Yes No If not, who is? _____
If not, are you legally liable for the damage? Yes No
Have you instructed repair or replacement? _____
Details of any other interested party _____
Are there any other insurances on this property? Yes No If yes, give details _____
State the current full value of your Buildings £ _____ Contents £ _____
Have you previously made any claims for property damage? (If yes, give details) Yes No

Have you or any director/partner been convicted for arson, theft or dishonesty? Yes No

Turner Insurance Group

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerinsurance.co.uk
Authorised and regulated by The Financial Conduct Authority



THE PROPERTY (continue on separate sheet of paper if necessary)

Where applicable, attach estimates for repair or replacement, but do not delay submission of this form if not immediately available. Damaged property should be retained for inspection if required.

Detailed Description of Property	Date of Purchase	Original Cost £	Replacement or Repair Cost £	Amount Claimed £

TOTAL

DECLARATION

Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supplied on this form, together with the information you have supplied on the proposal form and other information relating to the claim, may be provided to other Insurers.

The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

Signature of Policyholder _____ Date _____