

Business interruption

Claim form

Policy number

Name of business(es) insured

Correspondence address inc. post code

Name of the director / person handling the claim on your behalf

Contact email address

Contact telephone number

DETAILS OF CLAIM

Date of occurrence

Time of occurrence

Place of occurrence

Please explain how the loss arose

Please estimate the value of your loss

Please state the period of your loss

SUPPORTING EVIDENCE OF LOSS

Turnover for the same period last year

Turnover for this year

Gross profit / revenue for the same period last year

Gross profit / revenue for this year

Where appropriate please attach:

- Expense accounts
- Order books
- Booking confirmation / diary entries
- Payroll records
- Any governmental grant funding

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LOSSES OCCURRING DUE TO THEFT OR MALICIOUS DAMAGE

Name of person who discovered the loss

How was the loss discovered

Please provide details of site / premises security

When was the loss reported to the Police

What is the Police crime reference number

Name of Police office and number

Police station name

Police station address

Have any steps been taken to recover the plant / equipment

LOSSES OCCURRING DUE TO DAMAGE

How did the damage occur

Address where damaged plant / equipment can be inspected

What is the estimated cost of repairs

Name of any witness to the loss / damage

Address of any witness to the loss / damage

Contact telephone number of any witness to the loss / damage

I/ we declare that the statements detailed in this submission are true and accurate to the best of my/our belief

Authorised signature

Name of signature

Position

Date of signature

Please keep a copy of this submission for your own records