

# Theft Claim Form



NIG Commercial Claims P O Box 1151 Bromley BR1 9WB

Please note - you can complete this form on screen. When completing please use the tab and arrow keys to move between the relevant fields. Ensure you do not use the return or enter keys.

If completing by hand, please answer all questions using BLOCK CAPITALS.

## 1 You the Policyholder

Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Date Premium Paid	<input type="text"/>
Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Policy Number	<input type="text"/>	Value Added Tax. Are you a registered person or company?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 2 Circumstances of the Claim

<b>a</b> Date of theft (dd/mm/yyyy)	Time	<b>e</b> Who discovered the theft?
<input type="text"/>	<input type="text"/> am <input type="text"/> pm	<input type="text"/>
<b>b</b> Where did the theft occur?	<b>f</b> When was the stolen property last seen?	
<input type="text"/>	<input type="text"/>	
<b>c</b> Type of premises (i.e. shop, flat, house etc.)	<b>g</b> Who was last to see the property and where?	
<input type="text"/>	<input type="text"/>	
<b>d</b> Describe fully how the theft occurred including the <b>Method of Entry</b> to the premises i.e. - type of protections overcome - how achieved	<b>h</b> Were the police notified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	If yes, address of station	<input type="text"/>
	<b>i</b> Date of notification to police	Police Crime Reference No
	<input type="text"/>	<input type="text"/>

### 3 General Information (where applicable)

**a** Were the premises unoccupied? Yes ☐ No ☐

If **yes**, when last occupied?

**b** Are you the owner of the premises? Yes ☐ No ☐

If **no**, give the name/address of owner

**c** Are you responsible for repairs? Yes ☐ No ☐

**d** Is there any other policy in force providing cover for this theft?

Yes ☐ No ☐

If **yes**, give details to include Insurers name/address and policy number

**e** What is the total of buildings and/or trade contents/other contents/stock/plant and machinery of or on the premises?

**i** buildings

**ii** all contents

**iii** stock

**iv** plant and machinery

**f** Have you ever suffered similar loss/damage?

Yes ☐ No ☐

If **yes**, give details and whether claim made on Insurers

List/Description of Article(s) or Property destroyed/damaged	
Owner of Article(s) or Property	
Where acquired (Name/address of retailer etc. or in the case of gift, the giver)	
Date of acquisition (dd/mm/yyyy)	
Cost Price	
Replacement Cost	
Value at the time of damage allowing for wear and tear where applicable	
Salvage value (value, if any, after claim)	
Sum Claimed	

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I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/we understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

**Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.**

Signature

Date (dd/mm/yyyy)



Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.

