



CLAIM FORM

**Policyholder/
Property Ref:**

Policy No:

1. Insured: _____

2. Address where damage occurred: _____

_____ Postcode: _____

Contact name and Telephone No: _____ When available? am/pm

3. Loss or damage occurred at: _____ am/pm on: ____ / ____ / ____

4. At the time of the incident were the premises: Occupied Unoccupied
Let . Unlet

5. Type of premises: Commercial Residential Block of Flats

6. (a) Claim Code:

(b) Cause of Loss or Damage: Fire Storm Theft Burst Pipes
Malicious Damage Glass

Other cause of damage (please specify) _____

7. If criminal damage please state Police Crime Reference No: _____ & address of
Police Station: _____

8. If Fire Brigade attended state Station name and address: _____

9. Circumstances of Loss and extent of damage:

10. Are there any other persons interested in the property? Yes No

If Yes state name _____ and interest _____

11. Are there any other insurances in force covering the property? Yes No

If Yes please state Insurers name: _____

Address: _____

Policy No: _____

12. Particulars of Claim

Note: Claim Forms relating to Loss or Damage involving repairs or rebuilding work should be supported by two comparative tradesmen or builders estimates, which can be forwarded later if not available immediately. The original invoices and receipts for any work carried out should also be forwarded.

Details of repair/replacement:

TOTAL COST £ _____ AMOUNT CLAIMED £ _____

13. Has the work been authorised by the loss adjuster? Yes No

14. In respect of this claim will the lessee be able to recover VAT on the cost of repair or replacement? Yes No

(if the answer is YES the amount claims should be net of recoverable VAT)

15. To whom should any settlement cheques be made payable to?

Declaration: I/We declare that the information given on this form is true to the best of my/our knowledge and belief.

Signature: _____ Date: _____

Countersignature: _____ Date: _____

PLEASE RETURN THIS FORM WITH SUPPORTING DOCUMENTS DIRECT TO GAB ROBINS AT THE ADDRESS BELOW. THE DOCUMENTS SHOULD BE SUBMITTED AT THE EARLIEST OPPORTUNITY AFTER THE DATE OF THE LOSS/DAMAGE. ESTIMATES AND ANY OTHER RELEVANT SUPPORTING DOCUMENTATION ARE REQUIRED.

GAB Robins UK Limited
Aspect House
84-87 Queens Road
Brighton
Sussex
BN1 3XE