

Commercial Property Claim Form

Section 1 – Details of Property

Claim number		Policy number	
Name of policy holder		Daytime telephone	
Risk address of property		Evening telephone	
		Email address	
Correspondence address		VAT status	
		Name of property management company	
		Property Manager FSA firm number	

Section 2 – Details of the Loss / Damage to the Property

Please give as much information as possible in this section. If the exact date is not known, please provide the date and time that the loss was discovered.

Exact date and time of the loss	
Description of exactly how the loss/damage occurred	
In what part of the property did the loss/damage occur?	
Estimated cost of repair (Please ensure that two comparative estimates are attached)	£
Estimated cost of emergency work	£
Has any emergency work been carried out or instructions given to secure the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give details	
If the loss/damage occurred on your premises, were they occupied at the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, when were they last occupied?	
If the claim is for water damage, has the source of the leak been rectified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has other property belonging to anyone else been damaged as a result of this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please give details	

Section 3 – Break-in / Vandalism / Malicious Damage

Complete this section if there was a break-in, vehicle impact, vandalism or malicious damage done to the property.

Please note that in cases of break-in, vehicle damage, malicious damage, and vandalism, the insurers will only consider the claim if the loss has been reported to the Police.

Have the police been notified? If so, please provide the following (if not, continue to section 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No
The address of the Police station	
Crime reference	
Name and badge number of the reporting officer	

Section 4 – Other Insurance

If there is another insurance policy that covers the same property, please give the details below.

Policy number	
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Section 5 – Previous Claims

Please provide details of any claims made on the property within the last 5 years.

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Section 6 - Declaration

I/We declare that the statements contained within this document are true to the best of our/my knowledge and belief and I/we claim the amount above in respect of the items mentioned.

I/We understand that Insurers and other agents share information with each other to prevent fraudulent claims via the Claims Underwriting Exchange (CUE) operated by Insurance Databases Services Ltd. A list of participants is available. The information supplied on this form, together with the information supplied at proposal stage, and other information relating to the claim will be made available to the participants. By signing below, I/we understand that this information may be sought from other insurers to verify the statements made in this claim form, and that the issue of this form should not be construed as an admission of liability on behalf of the insurer. If you require further clarification of this disclosure, please e-mail us at claimservice@stride.co.uk or telephone/fax us on 023 9224 8770 / 023 9224 8799.

Full name and signature of the claimant or their representative		Date	
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Please return to Stride Limited Commercial Claims Department, Birch House, Parklands Business Park, Forest Road, Denmead, Hampshire PO7 6XP. Alternatively you can fax it to us on 02392 248799 or scan and email to claimservice@stride.co.uk.