

Commercial Property Insurance Claim Form



How to complete the form

Mandatory Information - Please provide a response to **all** the questions in the **mandatory** section, including comprehensive details relating to the incident and the extent of the damage - **this information is vital to enable us to assess and progress the claim.** You may find it easier to navigate the form using the enter key, rather than tab.

Any queries? If you have any queries relating to the completion of this form, please telephone **0500 11 44 77**

Submitting your claim - Instructions can be found at the end of the form

Claim & Contact Details - Mandatory Information Required To Report A Claim

| Claim Details | | Customer & Broker Contact Details | |
|---|--|---|---|
| Policy Number: | | | BROKER DETAILS |
| Policyholder Name (as appears on policy documentation): | | Broker name: | |
| Name of person notifying the claim and role: | | Broker Ref: | |
| Date of Loss (dd/mm/yyyy): | | Telephone number: | |
| Loss Address (must include postcode): | | E-mail address: | |
| Business description: | | Correspondence address: | |
| Is the policyholder VAT Registered (Yes/No, if yes %): | | Preferred method of contact (i.e. phone, e-mail, letter): | |
| | | Please indicate who to contact should additional information be required: | |
| | | | POLICYHOLDER DETAILS |
| | | Policyholder contact name: | |
| | | Telephone number: | |
| | | E-mail address: | |
| | | Correspondence address (if different to the loss address): | |
| | | Preferred method of contact (i.e. phone, e-mail, letter): | |
| | | | OTHER INTERESTED PARTIES (E.G. TENANT OR PROPERTY MANAGEMENT AGENT) |
| | | Party and name: | |
| | | Telephone number: | |
| | | E-mail address: | |
| | | Correspondence address: | |
| | | Preferred method of contact (i.e. phone, e-mail, letter): | |
| | | | OTHER INTERESTED PARTIES (E.G. TENANT OR PROPERTY MANAGEMENT AGENT) |
| | | Party and name: | |
| | | Telephone number: | |
| | | E-mail address: | |
| | | Correspondence address: | |
| | | Preferred method of contact (i.e. phone, e-mail, letter): | |

What has happened and the extent of the damage/loss?

- Please provide full details of what has happened and how the damage was caused.
- Please provide full details of the damage and extent of this damage, to include all items and areas affected. Also confirm if any repairs have been undertaken and / or damage estimates or costs.
- Finally please clarify whether the business is able to trade or whether the property is uninhabitable.

Additional Information - Optional

Please provide any additional information you have available to help us progress the claim more effectively.

| Claim Type | Additional Information | Answer |
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| Accidental damage | Type of Premises: Areas/items affected?: Damage caused by Third Party?: If yes, Third Party details: What items are being claimed for?: Does the policyholder own the items being claimed for and are they responsible for repairs?: Are all items claimed for beyond economic repair?: If yes, do you have engineer report to confirm this?: Do you have Original Purchase Receipts?: Any repairs carried out: Estimates obtained?: Premises occupied?: If no to above, when were they last occupied?: Is the property habitable?: Still able to trade? (if applicable): Computer/laptop damaged?: Previous Claims: Details of Any Other Policies: | |
| Business interruption | Type of Premises: Who caused the damage?: If caused by another party, full details: Incident reported to the police?: Crime ref and police station: Length of interruption in time?: What are the normal working hours: Actions taken to minimise loss?: Are the Premises Occupied?: If no to the above, when were they last occupied?: Previous Claims: Details of Any Other Policies: | |
| Contract works | Type of Premises: Was someone else responsible?: If so, why and provide their details: Incident reported to the police?: Crime ref and police station: Original purchase receipts available?: Please indicate the items damaged/stolen under the below 4 sub headings (please include age of plant/tools): 1. The contract works 2. Own plant 3. Hired in plant (copy of contract required, estimate for replacement and details of ongoing hire charges) 4. Employees tools Approximate value of loss (£): Previous Claims: Details of Any Other Policies: | |
| | Type of Premises: Is this a shared drain?: If so how many properties share?: Is the policyholder responsible for repairs?: Is it the insured or another owner/their insurers co-ordinating repairs?: If another, full details: If internals, which rooms affected?: Areas/items affected?: | |

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| Drain damage | <p>Who caused the damage?: If caused by another party, full details: When was this noticed?: CCTV report and/or estimate?: Are the Premises Occupied?: If no to above, when were they last occupied?: Is the property habitable?: Still able to trade? (if applicable): Previous Claims: Details of Any Other Policies:</p> | |
| Escape of water | <p>Type of Premises: Where did the leak originate?: Is property still wet: Policyholder owns/responsible for damaged items/area: If the policyholder is the tenant, does Aviva also insure building?: If yes to above, please provide building policy details Is Third Party responsible for the leak: If yes, give details of who and why: Areas, items and rooms affected?: Premises occupied?: If no to above, when were they last occupied?: Is property habitable?: Still able to trade? (if applicable): Estimates obtained?: Cost of repairs: Previous Claims: Details of Any Other Policies:</p> | |
| Fire damage | <p>Type of Premises: Cause of the fire?: Third Party responsible?: If yes, who and why? (including full details, address etc) Suspected arson?: If yes, police details and crime ref: And, fire brigade details: Fire involving cooking appliances?: Fire involving waste/stored items?: Has the fire spread to any other properties?: Flame or smoke damage?: Areas, items and / or rooms affected?: Does the policyholder own the items being claimed for and are they responsible for repairs?: Estimates obtained?: Cost of repairs: Were the premises occupied?: If no to above, when were they last occupied?: Is property habitable?: Still able to trade? (if applicable): Previous Claims: Details of Any Other Policies:</p> | |
| Flood | <p>Type of Premises: If flood, where did the water come from? (river, stream etc): Areas, items and rooms affected?: Damage to fences, gates & moveable property in the open?: Estimates obtained?: Cost of repairs: If the policyholder is the tenant, does Aviva also insure building?: If yes to above, please provide building policy details: Premises occupied?: If no to above, when were they last occupied?:</p> | |

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| | <p>Is property habitable?: Still able to trade? (if applicable): Anyone responsible for allowing water to enter property?: Tree removal required?, if yes details: Previous Claims: Details of Any Other Policies:</p> | |
| Freezer food | <p>Type of Premises: Cause of failure?: Freezer make/model?: Size of freezer?: Does it have an airtight sealed motor and compressor?: If no, is there a maintenance contract in force: Age of freezer?: Engineer report obtained?: Original invoices available?: Food replaced? If so receipts?: Photos available?: Still able to trade? (if applicable): What action has been taken to mitigate the loss?: Business Interruption claim to be submitted?: Were the Premises Occupied?: If no to above, when were they last occupied?: Previous Claims: Details of Any Other Policies:</p> | |
| Goods in transit | <p>Type of Premises: Time & Place of incident?: Are the goods being carried in/on Policyholder's vehicle?: If yes, confirm make and model of vehicle including Reg no: If no, Third Party vehicle / driver details: Reported to the police?: If yes, Crime Ref & Police Station: Courier used? If so, details required: Delivery note and any other contract documents available?: Has the policyholder written to the courier holding them responsible? Limit of courier's liability?: What items have been taken/damaged?: Replaced?: Estimates available?: Original purchase receipts available?: Still able to trade? (if applicable): Previous Claims: Details of Any Other Policies:</p> | |
| Impact damage | <p>Type of Premises: Is impact by Third Party? If yes, please provide details: Third Party admitted liability?: Third Party Insurer details: Any witness or CCTV?: Impact by own vehicle/driver?: Reported to the police?: If yes, Crime Ref & Police Station: Does the policyholder own the items being claimed for and are they responsible for repairs?: Estimates obtained?: Cost of repairs: Property occupied?: If no to above, when were they last occupied?: Is property habitable?: Still able to trade? (if applicable): Previous Claims:</p> | |

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| Malicious damage | <p>Details of Any Other Policies:</p> <p>Type of Premises:</p> <p>Reported to the police?:</p> <p>If yes, Crime Ref & Police Station:</p> <p>Anyone caught/prosecuted?:</p> <p>Damage caused by tenants?:</p> <p>If yes, has deposit been withheld?:</p> <p>Are the premises occupied?:</p> <p>If no to above, when were they last occupied?:</p> <p>Areas, items and/or rooms affected?:</p> <p>Does the policyholder own the items being claimed for and are they responsible for repairs?:</p> <p>Estimates obtained?:</p> <p>Cost of Repairs:</p> <p>Is property habitable?:</p> <p>Still able to trade? (if applicable):</p> <p>Previous Claims:</p> <p>Details of Any Other Policies:</p> | |
| Storm | <p>Type of Premises:</p> <p>If roof damage, age and type:</p> <p>Areas, items and rooms affected?:</p> <p>Damage to fences, gates & moveable property in the open?:</p> <p>Estimates obtained?:</p> <p>Cost of repairs:</p> <p>If Insured is tenant, has landlord had externals repaired?:</p> <p>Premises occupied?:</p> <p>If no to above, when were they last occupied?:</p> <p>Is property habitable?:</p> <p>Still able to trade? (if applicable):</p> <p>Anyone responsible for allowing water to enter property?:</p> <p>Tree removal required?, if yes details:</p> <p>Previous Claims:</p> <p>Details of Any Other Policies:</p> | |
| Subsidence | <p>When was the damage first noticed?:</p> <p>Is the cause known? If yes please provide details:</p> <p>Anyone else responsible?:</p> <p>Cost of repairs:</p> <p>Is property habitable?:</p> <p>Still able to trade? (if applicable):</p> <p>Previous Claims:</p> | |
| Theft - break in | <p>Type of Premises:</p> <p>Reported to the police?:</p> <p>If yes, Crime Ref & Police Station:</p> <p>Are the premises occupied?:</p> <p>If no to above, when were they last occupied?:</p> <p>Has the culprit been apprehended?:</p> <p>How was entry gained?:</p> <p>Anything stolen from the yard/open?:</p> <p>Are employees/directors/partners suspected?:</p> <p>Is the policyholder responsible for damage to the building?:</p> <p>What items claimed for?: Do you have the Original Purchase Receipts?:</p> <p>Estimates obtained?:</p> <p>Cost of claim:</p> <p>Is the property habitable?:</p> <p>Still able to trade? (if applicable):</p> <p>Previous Claims:</p> <p>Details of Any Other Policies:</p> | |
| | <p>Type of Premises:</p> <p>Time & Place of the theft?:</p> | |

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| Theft away from premises | Was theft from a vehicle?: If yes, was the vehicle unattended?: Where was the item within the vehicle and why?: Where was the vehicle at the time of the theft?: Was the vehicle securely locked?: What damage was sustained to the vehicle?: Any witness to theft or CCTV?: Copy of invoice for vehicle repairs available?: Crime ref and police station: Has anyone been caught/arrested?: Does the policyholder own these items and are they responsible for them? Do you have Original Purchase Receipts?: Estimates obtained?: Cost of claim: Previous Claims: Details of Any Other Policies: | |
| Starting view | Please select the claim type or peril using the blue filter arrow at the right of the 'claim type' column | Please complete answers within this column. Many of the questions have drop down options for you to select. If you answer unknown to any question, we may need to request this information at a later date. |

Legal Information - For important information relating to data protection & the provision of information click on the attached document:



Submitting your form

When the form has been completed, please save as [Policyholder Policy Number], then e-mail it to your dedicated Team.

You'll then receive an e-mail acknowledging receipt of your form, shortly followed by a reply advising all the claim details and next steps

Documents to support the claim

- **Important information for Brokers with Delegated Authority** - you must also attach a policy schedule or full cover detail when submitting your claim - **we cannot progress the claim without this information**
- **Information for ALL Brokers** - If you hold the policy schedule and / or have any estimates or invoices for any repairs / items, please send with your form