

# Property Fire Claim Form

Allianz Insurance plc



Claim No. (if known)

Please complete the relevant sections. If any are not applicable please add N/A

Please complete and return form to:

Commercial Property Claims, Allianz Insurance plc,  
500 Avebury Boulevard, Milton Keynes MK9 2XX

## Policyholder (Please insert)

Name of insured	<input type="text"/>	Policy Number	<input type="text"/>
Address	This is usually the correspondence address		<input type="text"/>
			Postcode
Occupation	<input type="text"/>	Tel. No Home	<input type="text"/>
Email address	<input type="text"/>	Mobile Number	<input type="text"/>
Are you registered under the VAT regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Office <input type="text"/>
If <b>Yes</b> please give details (Vat No & %)	<input type="text"/>		
	<input type="text"/>		

## Event

Date and Time	<input type="text"/>	When and by whom discovered	<input type="text"/>
Address where loss occurred	<input type="text"/>		Postcode
			<input type="text"/>

## Property

Are you the sole owner of the Property for which the claim is made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>No</b> , give details of interested parties	<input type="text"/>	
	<input type="text"/>	
If you do not own the premises, please confirm whether you are responsible under the terms and conditions of your lease for any required building repairs?		
<b>Yes</b> <input type="checkbox"/>	(Please send the relevant pages of the lease)	<b>No</b> <input type="checkbox"/>
	(Please refer this aspect of your claim to your landlord)	
State total value of Insured Property	Buildings £ <input type="text"/>	Contents £ <input type="text"/>
		Stock £ <input type="text"/>
Have you previously made a Property claim against any Insurer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , give particulars	<input type="text"/>	
	<input type="text"/>	
At the time of the occurrence were there any other insurances in force which would cover any of the damaged property, whether taken out by you or by other person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , give particulars	<input type="text"/>	
	<input type="text"/>	

## Recovery Section

Is another party responsible for the loss/damage? **Yes**  **No**

If **Yes**, give particulars

Please provide us with the Third Party details if known (e.g. name, address, telephone number, insurer's details)

Please attach any supporting evidence such as photographs showing the damage, CCTV footage, name/address/telephone number of any witnesses to the incident

## A Fire

State in full detail the cause and circumstances of the loss or damage

In which area did the fire take place?

Which rooms/areas have been damaged by fire / smoke?

Are the electrics affected?

**Yes**  **No**

If **Yes**, has an electrician made them safe?

**Yes**  **No**

Are the premises habitable?

**Yes**  **No**

If **No**, please provide details

Did the fire brigade/police attend the premises?

**Yes**  **No**

If **Yes**, please provide details

If a business, are you still able to trade?

**Yes**  **No**

If **No**, please state why, and how long this is likely to last?

If **No**, please advise how much money the business is losing each day (for estimate purposes)

If **No**, please provide details of your gross profit percentage

Please detail what action you have taken to mitigate the loss?

## B Buildings

Specify separately each room or building damaged or destroyed

Age of damaged element of building

Date when maintenance last undertaken

Amount of estimate (Please attach Repair or Replacement Estimate)

Net amount claimed

Specify separately each room or building damaged or destroyed	Age of damaged element of building	Date when maintenance last undertaken	Amount of estimate (Please attach Repair or Replacement Estimate)	Net amount claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## C Contents / Stock

1	2	3	4	5	6	7	8
Description of articles lost, damaged or destroyed	Date acquired	From whom obtained. Name and address	Original cost (attach receipts / manuals, and for stock items sample invoices showing the cost price)	Replacement cost or cost of repairs (Where applicable)	Deduction for wear and tear (Where applicable)	Value of salvage	Amount claimed

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### Use separate sheets if necessary

I/We declare that the above is a full and accurate statement, and I/we therefore claim the sum of £  as the amount due to me/us in respect of the loss of or damage to the property detailed.

The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the appointed Adjusters.

### Notice

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Service Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

### Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all of the information we hold about them.

### VERY IMPORTANT - FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

### FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I/We declare the foregoing particulars to be correct to the best of my knowledge and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Signature of Insured

Date

