



COMMERCIAL CLAIM FORM

Ansvar Insurance Company Limited

Ansvar House, St Leonards Road, Eastbourne, East Sussex, BN21 3UR
Telephone: 0845 60 20 999 or 01323 737541 Fax: 01323 739355
Email: ansvar.claims@ansvar.co.uk

Member of: Association of British Insurers (ABI) Financial Ombudsman Service
Ansvar is authorised and regulated by the Financial Services Authority.
Our FSA Register number is 202019. To check these details on the FSA's Register:
www.fsa.gov.uk/register Tel. 0845 606 1234

Please complete in FULL in BLOCK CAPITALS
and return the form without delay

Policy No.

Please tick: Fire Loss or Damage Theft

GENERAL INFORMATION (To be completed for ALL claims)

Name

Address

Postcode Occupation

Telephone (Daytime) Telephone (Evening)

Date of occurrence

Date of discovery Time of discovery am/pm

Address of Premises where Fire, Loss, Damage or Theft occurred

State the full circumstances of the Fire, Loss, Damage or Theft

Is the Claimant the sole owner of the property lost, destroyed or damaged? YES NO

If not, give the name and address of any person who is financially interested in such property and the precise nature of such interest

If you are not the owner of your premises, are you liable under a Tenancy Agreement for breakages of glass, or damage to fixtures and fittings? YES NO

Have you previously made a claim against any Insurer in respect of risks covered by your Policy? YES NO
If so, please give details of all claims.

What was the total value of all of the property insured by the Policy at the time of the loss?

Buildings £ Contents £ Other items £

Were there witnesses present at the time of discovery? If so, please state names and addresses YES NO

GLASS BREAKAGE

Please state type of glass, size and location

FIRE

(a) Did a Fire Brigade attend? YES NO

(b) Did the Police attend? YES NO

LOSS, DAMAGE OR THEFT (This section must be completed for all theft or loss claims)

Date reported to the Police Time reported to Police am/pm

Address of Police

Crime ref. no.

How were the premises entered? (State whether forced entry or otherwise.)

Were the premises occupied at the time of Loss? YES NO

If not, on what date, at what time and by whom were they last occupied?

Do you suspect any person or persons? YES NO
If so, please give details.

Give name and address of person who caused the damage.

What steps have been taken to recover lost or stolen property?

What action has been taken to prevent further loss, damage or re-occurrence?

