



Write to: **garagecover** • 17-21 Dicconson Street • Wigan • WN1 1RG  
Visit our website: [www.garagecover.co.uk](http://www.garagecover.co.uk) • Email us: [info@garagecover.co.uk](mailto:info@garagecover.co.uk)  
Call us on: 0845 224 6856

## COMMERCIAL PROPERTY CLAIM FORM

Name (BLOCK CAPITALS)

Policy No.

Renewal Date  Telephone No.

Address

Occupation

Are you VAT registered? YES/NO

If 'yes' VAT Reg. No.

Please give the following information about the loss/damage:

When did it happen? (time and date)

Where?

How did it happen?

If the damage is to the building, please state:

Age of building

Briefly, the extent of the damage

Are you insured under any other policy for this loss? YES/NO

If 'yes' please give details

Has anyone else got a financial interest in the property (owner or mortgagee) YES/NO

If 'yes' please give details

Have you ever made a property claim before? YES/NO

If 'yes' please state:

Nature of claim

Name of insurers

Amount Paid  £

In case of theft, please give the following information about your premises:

How was entry gained?

Were the premises occupied? YES/NO

If 'no', when were they last occupied?

Were they furnished for full habitation? YES/NO





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**DECLARATION**

**If you make a claim which is any way fraudulent, unfounded or exaggerated, or make a false declaration, all benefit under your policy will be forfeited.**

I/We declare that all answers are true and complete. I/We hereby claim for the loss or damage as set out above.

I/We understand that my Insurers may seek information from other insurers to check the answers I/We have provided.

**Signature**.....

**Date**.....