



NEW INDIA ASSURANCE

The Issue of this form is not an admission of liability

THE NEW INDIA ASSURANCE COMPANY LIMITED

(Incorporated in India with Limited Liability)

[Authorised and regulated by Insurance Regulatory & Development Authority (IRDA) of India. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority.]

Claims office: 8th Floor, 154 Great Charles Street, Birmingham, B3 3HN

(Telephone: 0121 231 4055 / Email: newindiaclaims@davies-group.com)

COMMERCIAL INSURANCE/BUILDINGS/GOODS/PROPERTY CLAIM

Notes: Please complete Sections 1 and 2 and **only** the relevant part of section 3. Estimates should be attached where applicable. Tick boxes where appropriate.

Section 1 Insured:

Full Name: _____	Policy No: _____
Address: _____ _____	Telephone No 1: _____
Post Code: _____	Telephone No 2: _____
Occupation: _____	
VAT: Is the insured registered as a taxable person? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If the insured is registered for V.A.T., is full remission of input tax obtained? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If only partial remission of V.A.T. is obtained, state last annual adjusted percentage of tax recoverable _____ %	

The Event:

Date: _____	Time: _____	Place: _____
When and by whom discovered: _____		
State fully what happened: _____ _____ _____		
Name and address of person causing damage: _____ _____		
Police Notified: YES <input type="checkbox"/> NO <input type="checkbox"/>		
If "YES" give the Date: _____ Station: _____ Crime ref no: _____		

Section 2: Buildings / Goods / Property lost or damaged:

Are you the Sole owner: YES <input type="checkbox"/> NO <input type="checkbox"/> If "NO" who is?: _____
Name and Address of all other interested parties: _____ _____
Are you responsible by an agreement for the premises / property? YES <input type="checkbox"/> NO <input type="checkbox"/>
Where the premises occupied at the time of occurrence? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "NO" State date and time last occupied: Date: _____ Time: _____
State total value of insured premises / property: Building £ _____ Contents £ _____ Fixtures/ fittings £ _____ Stock £ _____
Are there any other insurances on the premises / property? YES <input type="checkbox"/> NO <input type="checkbox"/>
If "YES" give details: _____
Have you ever suffered a loss of this nature before? YES <input type="checkbox"/> NO <input type="checkbox"/>
If " YES give details: _____

Section 3: Details of Claim

A. Buildings

(Only emergency repairs may be carried out without the New India's authorisation) Please attach Tradesman's estimate for repair or replacement or advise approximate value of claim.

Cause and brief description of damage	Age of Building or damaged fixtures/fittings water tanks.	Amount claimed

B. Contents and/or Articles Specifically Insured

(Mark an X in the last column if articles are on hire, loan, hire purchase, or belong to a customer)

Description of articles, lost, damaged or destroyed	Date purchased or acquired	Cost of repairs or replacement. (Attach estimates for repair)	Value of Salvage

IMPORTANT – PLEASE ATTACH SUPPORTING ESTIMATE(S) OR ACCOUNT(S)

I/We declare that the particulars upon this form are true and complete and that I/We have not entered into any contract or agreement to sell or dispose of the property insured.

Date _____

Signature of Insured: _____

Print Name: _____

Status / Position: _____