



Commercial Property



Claim Form

How can we help you? We give claims our greatest possible care and try to deal with them as quickly as possible - because we know that this is important to you when you submit a claim.

Please help us to help you by:

- making sure that the information you give is as clear and complete as possible
- remembering to sign and date this form

Please complete the sections of this form appropriate to your claim.

Important Note: You must enclose estimates/valuations/receipts with this claim form.

Ref No

For All Claims Please Complete This Section

Insured

Name: Mr/Mrs/Miss/Ms Policy No.

Address:

Business: Telephone Number:

Are you registered for VAT ? Yes No

Please provide details of any insurance policy covering the same loss/damage

Please provide details of any person with an interest in the items for which you are claiming (e.g. mortgage, landlord, tenant, hire purchase company, rental company):

In the last 5 years have you sustained a loss or claimed against any insurer for any of the risks covered by this policy? If yes, please give details:

Please turn over . . .

FOR ALL CLAIMS PLEASE COMPLETE THIS SECTION

Situation of premises where loss occurred:

If premises were unoccupied, how long had they been so ?

Date of Loss/Damage:

Time

 am/pm

Cause of Loss/Damage:

In respect of damaged buildings or landlord's fixtures and fittings including internal decorations, are you responsible for repairs as tenant ?

Yes No

Explain full how the Loss/Damage occurred:

COMPLETE IN ALL CASES OF LOSS, THEFT OR MALICIOUS DAMAGE

a) When and at which Garda Station was the report made ?

Date/Time

Garda Station

b) If Theft, was there forcible and violent entry to or exit from the premises ?

Yes No

c) If premises unoccupied, please state date and time they were last occupied

d) i) Are the premises protected by an alarm ?

Yes No

ii) If so, did it operate ?

Yes No

iii) Is a maintenance contract in force for the alarm ?

Yes No

FOR ALL CLAIMS PLEASE COMPLETE THIS SECTION

Details of property lost/stolen/damaged

Description of Property/ Articles Lost/Damaged	Date of Purchase	Original Cost Price €	Value at time of Loss/Damage €	Amount Claimed €
Total Amount Claimed:				€

DECLARATION

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.

Signature(s)

X

Date

Please return the completed form with the relevant evidence of the amount claimed
The Claims Department, Royal & SunAlliance, 13/17 Dawson Street, Dublin 2.
Telephone: (01) 6771851. Facsimile: (01) 6717625.