Premco Underwriting

Material damage / Property

Claim form

Policy number	
Name of business(es) insured	
Correspondence address inc. post code	
Name of the director / person handling the claim on your behalf	
Contact email address	
Contact telephone number	

DETAILS OF CLAIM

Date of occurrence	
Time of occurrence	
Place of occurrence	
Are you the sole owner of the Property	

Please explain how the loss or damage occurred

DETAILS OF DAMAGE

Details of property damaged or lost	Date of purchase	Purchase price	Replacement price	Deduction for wear & tear	Net amount claimed

DETAILS OF DAMAGE

Name of any witness to the loss / damage	
Address of any witness to the loss / damage	
Contact telephone number of any witness to the loss / damage	

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LOSSES OCCURRING DUE TO THEFT OR MALICIOUS DAMAGE

Name of person who discovered the loss	
How was the loss discovered	
How was the plant / equipment immobilised or secured from theft or malicious damage	
Was a hydraulic lock or other anti-theft device fitted to the plant / equipment (detail)	
Please provide details of site / premises security	
When was the loss reported to the Police	
What is the Police crime reference number	
Name of Police office and number	
Police station name	
Police station address	
Have any steps been taken to recover the plant / equipment	

LOSSES OCCURRING DUE TO DAMAGE

How did the damage occur	
Address where damaged plant / equipment can be inspected	
What is the estimated cost of repairs	

LOSSES OCCURRING DUE TRANSIT

Name of carrier	
Address of carrier	
Method of conveyance of plant / equipment	
How was the plant / equipment packaged / secured	
Conditions of carriage	
Was the damage as a result of loading or unloading	
Who was responsible for loading or unloading	
Conditions of carriage	

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Please attach	YES	NO
Conditions of hire	☐	☐
Purchase receipt(s)	☐	☐
Estimate for repairs	☐	☐
Valuation supporting documentation	☐	☐
Conditions of carriage	☐	☐
Photographs	☐	☐

I/ we declare that the statements detailed in this submission are true and accurate to the best of my/our belief

Authorised signature	
Name of signature	
Position	
Date of signature	

Please keep a copy of this submission for your own records