



# STERLING

*Looking after tomorrow*

STERLING INSURANCE COMPANY LIMITED  
 50 KINGS HILL AVENUE, KINGS HILL,  
 WEST MALLING, KENT ME19 4JX  
 Telephone: 0845 271 1300 Fax: 0845 271 1471

Please return to:

## Business Property Claim Form

Please answer all questions on this page as fully as possible and the relevant sections on other pages. Details of claim for all sections should be entered on the back page. Please make sure you sign and date the form.

Please use BLOCK CAPITALS or TICK the BOXES as appropriate.

### Insured

Policy no. \_\_\_\_\_ Renewal date \_\_\_\_\_ Date premium paid \_\_\_\_\_  
 Name of Insured \_\_\_\_\_ (Any delay in payment may affect settlement of your claim)  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_ Tel. no (B) \_\_\_\_\_  
 Business \_\_\_\_\_ Tel. no (H) \_\_\_\_\_  
 Whom should our loss adjuster contact? \_\_\_\_\_

Have you

- suffered any loss or damage, or had any claims made against you or them in the last 5 years?
- had any special terms imposed by any insurer or had insurance cancelled, declined or renewal refused?
- ever been convicted of arson or any criminal offence (other than motoring offences) or received a police caution or is any prosecution pending?
- previously held any insurance of this type?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If YES, please give full details including name and address of insurers where applicable

We reserve the right to contact your previous insurers to verify the information contained in this form.

Are you registered for VAT purposes

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

### The Event

Date  Time

Address where the event occurred

When and by whom discovered

State fully what happened

State rooms or area affected

Were the premises occupied at the time?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If NO, state date and time last occupied

If known state the name and address of person causing loss or damage

Are the final exit doors to your premises fitted with 5 lever mortice deadlocks?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If NO, give details of other security fittings

Are all opening windows to your premises fitted with key operated locks?

<input type="checkbox"/>	<input type="checkbox"/>
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If NO, give reason

If alarm installed, was it activated?

<input type="checkbox"/>	<input type="checkbox"/>
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Please complete relevant section(s)

## The Property Lost or Damaged

Are you the owner?

YES NO

If NO, state name and address of the owner

Give name(s) of any other party having an interest in the property

Are there any other insurances on the property?

YES NO

If YES give details (including name, address and policy no. of other insurers)

State total value of the property insured

Buildings

Stock

Plant/Machinery

Other property

State nature of occupancy of premises

Was the property lost or damaged kept in a basement?

YES NO

Are you responsible by agreement for the property?  
If YES, please forward a copy of the agreement.

Have you suffered a loss of this nature before?

If YES, give details and nature of claim

Name of Insurers

Amount paid

The police must be informed at once if the claim is for articles lost or stolen or maliciously destroyed or damaged

Name and address of station

Officer's number

Date

Crime no.

Have the police apprehended the culprits? If YES, apply to them immediately for a restitution order and advise the company

YES NO

Was the Fire Brigade called?

## Breakage of Glass

Size of glass

Glass Type

Situation (e.g. door, window, showcase etc)

Was the glass sound prior to breakage?

YES NO

Do you require the glazing deferred until further notice?

If YES, please give details

Was there any design, lettering or signwording superimposed on the glass?

NB Sterling have arranged a replacement glazing service with the Solaglas Replacement Glazing. Ring them Free on 0800 474747 quoting your full policy no. and they will bill us direct. All you have to pay is the VAT (if registered) and the amount of the excess.

## Money

Was the safe or strongroom securely locked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, how was it opened? <input type="text"/>
If opened by key, where was key kept?	<input type="text"/>		
If the loss was not from the safe or strongroom where was the money kept?	<input type="text"/>		
If from a till, was drawer forced?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, state number of persons accompanying the money
Was the money in transit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Transit

Please state

Starting point and destination of transit	<input type="text"/>		
How transit was being made	<input type="text"/>		
Make and registration number of vehicle, if applicable	<input type="text"/>		
Total value of property on vehicle or in parcel(s)	£ <input type="text"/>		
Which Conditions of Carriage applied	<input type="text"/>		
Where was the vehicle parked?	<input type="text"/>		
Was the vehicle left unattended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, how was the vehicle secured <input type="text"/>
Name, address and policy number or the motor insurers	<input type="text"/>		

## Deterioration of stock

Is there a service or maintenance agreement in force or is the unit under guarantee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, state date of last service <input type="text"/>
Name and address of the Service Company	<input type="text"/>		
Have instructions been given for the repair of the unit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not the Service Company, please give name and address of repairer <input type="text"/>
What work did the repairer do to remedy cause of loss	<input type="text"/>		
Age of refrigerator / freezer	<input type="text"/> yrs	Cubic capacity	<input type="text"/>
Make of refrigerator / freezer	<input type="text"/>	Model No.	<input type="text"/>

Provide list of goods on back of this claim form and supply substantiation of amounts claimed

Was a condemnation certificate issued by the Public Health Inspector?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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