



**Reich Insurance
 Medal House
 197 Chapel St
 Manchester
 M3 5EQ
 T:0161 830 5501
 F:0161 833 1386**

INSURANCE PROPERTY CLAIM FORM

Policy No.....Claim no.....

Policyholder.....
 Contact Name & Telephone Number.....
 Property Address.....
 Postal Address (if different).....

Is property VAT registered.....YES/NO Date of incident.....
 Were the premises occupied at the time of loss?YES/NO
 If not when were the premises vacated?.....

Full details of cause of loss/damage.....

Full details of lost/damaged property.....

IF CLAIM RELATES TO THEFT, MALICIOUS DAMAGE OR VANDALISM THIS INCIDENT MUST BE REPORTED TO THE POLICE AND THE FOLLOWING DETAILS PROVIDED

Date Reported..... Crime reference number.....
 Station Address.....

Declaration: I/We declare that the details given are accurate and true to the best of our knowledge

Signature.....
 Name.....
 Date.....