

DUAL Commercial Combined

Claims form

DUAL



Commercial Combined claims form

Please complete Sections A and B in full.

If your claim involves property damage, goods in transit, money, business interruption, loss of license, employers' liability, public & products liability, accident or legal expenses, please also complete the relevant section(s) below.

The more information you are able to provide us about what it is you are claiming for, the faster we will be able to progress your claim. We will require photographs of what has been lost or damaged and the accident location. Additionally, we will require copies of the original purchase receipts, maintenance records, replacement invoices/ estimates and the incident/accident report (if available).

To complete, please sign and date the declaration at the bottom of this form.

Section A - The Insured & relevant party details:

01. Name of the Insured:

02. Details of person who can assist with enquiries. These details will be used for verification purposes.

Contact name:

Contact phone number:

Contact email address:

03. Address of Insured:

04. Business of the Insured:

05. Policy number of Insured:

06. Broker details:

Section B - The damage & general questions:

07. What has been lost/damaged/injured:

08. Date and time of loss or damage:

09. Who was the incident reported to and when:

10. When was it first notified/when were you first aware:

11. How were you notified:

12. Location/address of loss or damage:

13. What happened? (full description of incident).
If caused by someone else, please provide their name and address and a copy of any contract that may be relevant.

14. What was the cause?

15. Was the incident/occurrence reported e.g. to the police or RIDDOR report made? Please provide crime reference number and full details/ copy reports:

16. Was the incident captured by CCTV that can be provided?

Yes

No

17. Names and addresses of all witnesses:

18.	Do you have any other insurances which may cover this claim?	Yes	No
	If yes, please provide details.		

19.	What remedial or mitigation action is being taken?
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20.	Any other relevant information:
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Section 1 – Property damage

21. Owner of the property:

22.	If you are not the owner, are you legally liable for the property?	Yes	No
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If yes, please provide evidence of how that liability arises, e.g. copy lease/contract.

23.	Was the property occupied at the time?	Yes	No
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If no, for how long had the property been unoccupied?

24.	What precautions against the loss/damage were taken?
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25.	Is the premises fitted with an alarm?	Yes	No
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If yes, was the alarm in operation and was it triggered? If no, please explain why:

26.	What is the full value of your buildings?
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27.	What is the full value of your contents?
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28.	Have you previously made claims for property damage on this policy?	Yes	No
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If yes, please provide details:

29.	Have you or any director/partner been convicted for arson, theft, dishonesty or otherwise been disqualified from acting as a director?	Yes	No
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30. The property:

Where applicable, attach original purchase invoices/proof of ownership, estimates for repair or replacement. Do not delay submission of this form if not immediately available. Damaged property should be retained for inspection if required.

Detailed description of property	Date of purchase	Original cost £	Replacement or repair cost £	Amount claimed
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Section 2 – Computer

31. Damage to computer equipment:

Details of computer equipment/media device damaged	Nature of damage	Cost to repair/replace	Business use of computer/ equipment media storage	Other costs incurred as a rest and why
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Section 3 – Goods in transit

32. Description of goods lost or damaged:

33. Number of packages:

34. Weight of packages / goods:

35. How were the goods packed?

36. If goods were part only of a consignment, describe nature of other goods and value:

37. Address from which goods were dispatched:

38. Date dispatched:

39. Name of consignees:

Address of consignees:

40. If a vehicle was involved that was not yours, state the vehicle owner's details.

Vehicle owner name:

Vehicle owner address:

Vehicle owner insurer:

41. How and by whom were the goods transported?

42. Name of owners of the goods:

Address of owners of the goods:

43. Have you advised them of the loss or damage?

Yes

No

44. Name of their Insurers:

Address of their Insurers:

45.	Were you the principal contractor, or a sub-contractor?	Yes	No
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46. Vehicle registration number:

47. If your vehicle was unattended when loss or damage occurred, how was it secured?

48.	Were the goods in sound condition when received?	Yes	No
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49.	Were the good checked by your driver?	Yes	No
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50.	Did you or your employees: Load the vehicle?	Yes	No
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51.	Did you or your employees: Unload the vehicle?	Yes	No
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52. Please provide a copy terms of carriage.

53.	Has a claim been made against you by the owner?	Yes	No
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54. What steps have been taken to recover lost items?

55. Particulars of goods lost or damaged:

Note: All invoices, delivery notes, receipts and correspondence are to be sent with this form.

Nature of expenditure	To whom paid	Amount (state currency if not GBP)
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Total:

Value of salvage:

Net loss or cost of repairs:

Section 4 – Money

56.	How much has been lost (and please state how the amount is verified/reconciled) and how was it stored?		
57.	Where was the lost, damaged money kept e.g. safe/room and was the safe/room locked?		
58.	Who had access to where the money was kept?		
59.	Did the incident involve assault or violence, or threat of assault or violence?	Yes	No
60.	Please detail any clothing or personal effects belonging to the Insured, damaged or lost that you wish to claim for.		
61.	Does any employee/Insured involved require counselling?	Yes	No
62.	Have any Insured/Employee involved suffered an accident?	Yes	No
63.	What has been done to recover the money?		
64.	Police crime reference		

Section 5 – Business interruption

65.	Type of premises:	
66.	Business description :	
67.	Who and what caused the damage?	
68.	What are your usual trading hours? Please include which days of the week you are open and the times you are open on each trading day:	
69.	What date did you have to close?	
70.	What date were you able to re-open either partially or fully?	

71.	Did you have to or were you able to relocate to a temporary location?	Yes	No
72.	Please provide a detailed description of the clean-up operations conducted and preventive measures undertaken:		
73.	Is any of the damaged equipment rented or hired from third parties?	Yes	No
	If yes, please provide details of what and who the owner is:		
74.	Total loss being claimed (please show heads of loss and calculations) :		
	e.g. Personnel Equipment Repair and clean-up Waste disposal Other costs/expenses Lost profit		

Section 6 – Loss of license

75. If your claim is for loss of license, please provide specific details here including evidence of loss of profits:

Section 7 – Employers liability

76. Name of employee:

77. Date of birth of employee:

78. Address and postcode of employee:

79. Occupation:

80. National Insurance number:

81.	Is he/she in your direct employ?	Yes	No
82.	How long have they been in your employ?		
83.	State any relevant physical incapacity or relevant medical history prior to the event:		
84.	Has this employee been involved in a similar prior incident?	Yes	No
85.	Have any similar occurrences previously taken place? If yes, what steps have been taken to prevent a reoccurrence?	Yes	No
86.	Date employee ceased work:		
87.	Date employee returned to work:		
88.	What business activity was being performed at the time?		
89.	Was first aid administered at the scene?	Yes	No
90.	What precautions were previously taken and has the system of work changed since the accident and if so how?		
91.	What plant/equipment if any was involved? Please provide maintenance records of the equipment involved and confirm whether safety measures were in use at the time.		
92.	Was the employee suitably trained (please provide training records) and provided with the correct safety equipment?	Yes	No
93.	Please provide copies of risk and method statements (RAMS).		
94.	Name of any hospital the injured person was taken to:		
95.	Name of supervisor in charge at the time:		

96. If the incident was caused by someone not in your employ, state their and their employers' name and address:

Person's name and address:

Person employers' name and address:

97.	Was the task in question being carried out within the employee's usual remit and training?	Yes	No
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98. Employees wage details (if applicable):

Please give details of injured employees earnings for twelve weeks prior to the accident

Week Ending	Gross Pay	Income Tax	NI Contributions	Supplements	Net Pay after Tax & NI
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99. Please give details of any payments made to the employee since the accident:

Wages (net) (£):

Statutory sick pay (£):

Other Payments (give details) (£):

Section 8 – Public and products liability

100. Name and addresses of injured parties:

101. Details of injury sustained:

102. Name of hospital where treated:

103. Responsible person at time of incident:

104. What happened to cause the accident?

105. Please provide a copy of the applicable risk assessment:

106. What precautions against the accident/injury were previously taken?

107. What plant or equipment, if any, were involved?

108. If the event arose out of work under contract, has any indemnity or disclaimer been given or received? If applicable please provide copies.	Yes	No
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Product:

109. Do you manufacture, supply, distribute or retail the product?	Yes	No
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110. Was the product defective?	Yes	No
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111. Are any other products affected?	Yes	No
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112. Was the product used in accordance with instructions?	Yes	No
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113. From whom did you obtain the defective product?

Please provide names and addresses.

114. Please explain nature of any contracts in place with the supplier and / or customer and provide copies:

Section 9 – Specified all risks (captured in sections A and B)

Section 10 – Accident

115. Details of employment (employment duration, job title, training received):

116. Are employment records available?	Yes	No
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117. Details of the accident and circumstances giving rise:

118. Details of the injuries suffered and treatment given:

119. Name of hospital where treated:

120. Was the injured employee on duty at the time?	Yes	No
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121. If on duty did the employee continue to work, or go off duty after the occurrence? What times did they work or go home?	Continue to work	Go off duty
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122. How long was the injured person affected by their injuries for?

123. Was the employee unable to return to work for a period of time? If yes, how long?	Yes	No
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124. Are any third parties or vehicles involved? If yes, please provide details and registration:	Yes	No
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125. If any equipment or machinery was involved please provide appropriate risk assessment and corresponding method statement:

Section 11 – Terrorism (captured in sections A and B)

Insured's bank details

Name (as per bank account):

Bank account number:

Name of bank:

Bank branch address:

NRIC/passport/birth certificate number:

Bank SWIFT code:

Email:

Telephone number of bank:

Declaration

Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supplied on this form, together with the information you have supplied on the proposal form and other information relating to the claim, may be provided to other Insurers, adjusters or suppliers.

The submission of a false or exaggerated claim, either in whole or part or of any false documents or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may reasonably be required. I understand that the Insurer does not admit liability by issue of this form.

Name:

Position in company:

Signature of policyholder:

Date:

Attachments checklist

Please check the supporting documents you have provided with this form.

CCTV

Photos

Risk assessments

Method statement

Training records

Accident report

RIDDOR

Police report

Receipts

Proof of delivery

Helping you do more

One Creechurch Place, London EC3A 5AF

+44 (0)20 7337 9888

enquiries@dualgroup.com

dualinsurance.com

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