



When completing this form, please tick the appropriate boxes, and answer all questions using **BLOCK CAPITALS**

## 1. You, the Policyholder

Name of the insured

Address

Town

County

Postcode

Date premium paid

Occupation

Telephone No.

Policy No.

Value Added Tax (VAT)

Are you a registered company?

YES

NO

## 2. Circumstances of Claim

a. Date (dd/mm/yy)

Time

am/pm

g. Was any person responsible for loss/damage?

YES

NO

b. Where did the loss/damage occur?

If YES, say why.

c. Describe fully how loss/damage occurred.

h. Name and address of person(s) responsible.

d. Were the police notified?

YES

NO

If YES, address of station.

i. If they are insured against causing this incident, state insurers name, address and policy number.

e. Date of notification to police

Police Crime Reference No.

f. Were the fire brigade called?

YES

NO

If YES, address of station.



# General Claim Form

**Tel: 01305 268883**  
 44 South Street, Dorchester, Dorset DT1 1DQ  
 Email: d.upshall@gmail.com • www.davidupshall.co.uk  
 Authorised and regulated by the Financial Conduct Authority

### 3. Circumstances of Claim

- a. Type of premises e. Is there any other policy in force providing cover for the incident?

YES                      NO

If YES, give details to include Insurers name/address and policy No.

  
- b. Were the premises unoccupied?    YES                      NO

If YES, when last occupied?

  
- c. Are you the owner of the premises?    YES                      NO

If NO, give name/address of owner

  
- f. What is the total of buildings and/or trade contents/other contents/  
stock/plant and machinery of or on the premises?

  - i. buildings    ii. all contents
  
  - iii. stock    iv. plant and machinery

  
- g. Have you ever suffered similar loss/damage?

YES                      NO

If YES, give details and whether claim made on Insurers

  
- d. Are you responsible for repairs?    YES                      NO

### 4. Complete for Deterioration of Frozen Food only

- a. Cause of breakdown of freezer c. Is the freezer currently subject to Maintenance/Service Agreement?

YES                      NO

If YES, name/address of engineers with whom agreement arranged.

  
- b. When was the freezer purchased/hired?

**When completed, attach this PDF to an email and send to: d.upshall@gmail.com**  
 Alternatively, it can be printed out and posted to:  
 Claims, David Upshall Insurance Services, 44 South Street, Dorchester, Dorset DT1 1DQ • Tel: 01305 268883

**Clear form**