



Please Complete, Sign and return to your O'Leary contact as soon as possible

COMMERCIAL PROPERTY CLAIM FORM

How can we help you? We give claims our greatest possible care and try to deal with them as quickly as possible - because we know that this is important to you when you submit a claim.

Please help us to help you by:

- making sure that the information you give is as clear and complete as possible
- remembering to sign and date this form

Please complete the sections of this form appropriate to your claim.

Important Note: You must enclose estimates/valuations/receipts with this claim form.

FOR ALL CLAIMS PLEASE COMPLETE THIS SECTION

INSURED

Name: _____ Mr/Mrs/Miss/Ms.

Insurer: _____

Address: _____

Policy No.: _____

Business: _____

Telephone Number: _____

Are you registered for VAT ? No Yes

Please provide details of any insurance policy covering the same loss/damage

Please provide details of any person with an interest in the items for which you are claiming (e.g. mortgage, landlord, tenant, hire purchase company, rental company):

In the last 5 years have you sustained a loss or claimed against any insurer for any of the risks covered by this policy? If yes, please give details:



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Situation of premises where loss occurred: _____

If premises were unoccupied how long had they been so ? Date of Loss/Damage: ____/____/____ Time: _____ am pm

Cause of Loss/Damage: _____

In respect of damaged buildings or landlord's fixtures and fittings including internal decorations, are you responsible for repairs as tenant ? No Yes

Explain fully how the Loss/Damage occurred:

COMPLETE IN ALLCASES OF LOSS, THEFT OR MALICIOUS DAMAGE

a) When and at which Garda Station was the report made ?
Garda Station: _____ Date: ____/____/____ Time: _____ am pm

b) If Theft, was there forcible and violent entry to or exit from the premises ? No Yes

c) If premises unoccupied, please state date and time they were last occupied: _____

d) i) Are the premises protected by an alarm ? No Yes
ii) If so, did it operate ? No Yes
iii) Is a maintenance contract in force for the alarm ? No Yes

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Details of property lost/stolen/damaged

Description of Property/ Articles Lost/Damaged	Date of Purchase	Original Cost Price €	Value at time of loss / Damage €	Amount Claimed €
Total Ammount Claimed: €				

DECLARATION

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.

Date: ____/____/____ Your signature: _____