Business / commercial claim form

For property, liability, marine, equipment and workmen compensation claims. Attach a covering note if the loss spans more than one policy section.

OFFICE USE
Claim ref. _____

THE INSURED BUSINESS

Company name _____ Policy number _____

Trade licence number _____ Emirate of registration _____

Contact person _____ Position _____

Mobile number _____ Email address _____

THE CLAIM

Policy section

☐ Property / fire ☐ Liability ☐ Marine cargo ☐ Equipment ☐ Money ☐ Workmen comp.

Date of loss _____ Time discovered _____

Location of the loss _____

Describe what happened _____

Estimated value of the loss _____ Currency _____

Third party involved?

☐ No ☐ Yes - attach their details

Reported to the authorities?

☐ Yes ☐ No

Report reference number _____

WHERE TO PAY THE SETTLEMENT

Complete only if the settlement is to be paid to you directly. Payments are made to the policyholder unless the insurer directs otherwise.

Account holder name _____ Bank name _____

IBAN

Account number

DOCUMENTS TO ATTACH

- [ ] Trade licence copy
- [ ] Police, civil defence or port authority report
- [ ] Photographs of the damage or the site
- [ ] Purchase invoices, delivery notes or the bill of lading
- [ ] Repair or replacement quotations
- [ ] Audited accounts, for any business interruption element

DECLARATION

I declare that the information given on this form is true and complete to the best of my knowledge. I understand that giving false information may invalidate the claim and the policy. I authorise Masters Insurance Brokers to pass this form and the attached documents to the insurer and to act on my behalf in progressing this claim.

Signature

Date

Name in block capitals