The Portman Estate Property Damage Claim Form

Policyholder: **The Trustees of the Portman Family Settled Estate** Policy Number: **SP27996910**

Tenant/Lessee Name: _____

Contact name: _____ Contact Number: _____

Contact Email: _____

Address where damage occurred: _____

_____

_____Postcode:_____

Time and date of loss: _____ am/pm on: _____/_____/_____

Circumstances and cause of loss and extent of damage: _____

_____

_____

_____

_____

If the claim is for water damage please confirm the cause has been rectified? Yes ☐ No ☐

At the time of the incident were the premises: Occupied ☐ Unoccupied ☐

Let ☐ Unlet ☐

Type of premises: Commercial ☐ Residential ☐ Block of Flats ☐

Police Crime Reference Number for theft and Malicious damage claims:

_____

Address of Police Station:

_____

_____

Who is responsible under the lease for these repairs? Insured or Lessee/Tenant: _____

Are there any other persons interested in the property? Yes ☐ No ☐

If Yes state name_____ and interest_____

Do you have any other insurance in force covering the property? Yes ☐ No ☐

If yes please state Insurer's name: _____

Address: _____

Policy No: _____

Estimated Cost of Repairs: £ _____ Amount Claimed: £_____

Details of repair/replacement: _____

_____

_____

_____

Note: Claims for Loss or Damage under £1,000 can be submitted with one invoice. Claims over £1,000 should be supported by two comparative tradesmen or builders estimates, which can be forwarded later if not available immediately. The original invoices and receipts for any work already carried out should also be forwarded.

Has the Loss Adjuster already been advised of the claim and authorised the work? Yes ☐ No ☐

In respect of this claim will the Insured or lessee/tenant be able to recover VAT on the cost of repair or replacement? Yes ☐ No ☐ Part only ☐ (specify percentage recoverable): _____

(If YES the recoverable element of VAT will be deducted from the amount claimed)

Please confirm to whom any settlement cheques should be made payable?

Owner/Managing Agent/Other (please specify): _____

Name of Payee: _____

Declaration: I/We declare that the information given on this form is true to the best of my/our knowledge and belief.

Name: _____

Signature: _____ Date: _____

This form should be sent to your nominated Account Handler at Sedgwick (portman@uk.sedgwick.com), with full supporting documentation. This should include one estimate/invoice if under £1,000, two estimates if over. You should also provide any photographic evidence or witness details to substantiate the claim.