



# PROPERTY GENERAL CLAIM FORM

**Argus Insurance Company (Europe) Limited**  
P.O. Box 45, Regal House, Tel: +350 200 79520  
Queensway, Fax: +350 200 70942  
Gibraltar

enquiries@argus.gi  
www.argus.gi

*Please complete in full the relevant sections and submit it to:  
Argus Insurance Company (Europe) Limited, P.O. Box 45, Regal House, Queensway, Gibraltar.  
If any sections are not applicable please add N/A.*

## INSURED

Full Name:

Policy No.:

Address:

Postcode:

Occupation:

Phone No. Home:

Mobile No.

Work:

E-mail:

## EVENT

Date:

Time:

When and by whom discovered:

Address where loss occurred:

Postcode:

## PROPERTY

Are you the sole owner of the Property for which the claim is made?

Yes  No

If 'No', give details of interested parties:



# PROPERTY GENERAL CLAIM FORM

**Argus Insurance Company (Europe) Limited**  
P.O. Box 45, Regal House, Tel: +350 200 79520  
Queensway, Fax: +350 200 70942  
Gibraltar

enquiries@argus.gi  
www.argus.gi

If you do not own the premises, please confirm whether you are responsible under the terms and conditions of your lease for any required building repairs?

- Yes (Please send the relevant pages of the lease)
- No (Please refer this aspect of your claim to your landlord)

State total value of Insured Property:

Buildings:  Contents:  Stock:

Have you previously made a Property claim against any Insurer?  Yes  No

If 'Yes', give particulars:


At the time of the occurrence were there any other insurances in force which would cover any of the damaged property, whether taken out by you or by any other person?

Yes  No

If 'Yes', give particulars:


## RECOVERY SECTION

Is another party responsible for the loss/damage?  Yes  No

If 'Yes', give particulars:




# PROPERTY GENERAL CLAIM FORM

**Argus Insurance Company (Europe) Limited**  
P.O. Box 45, Regal House, Tel: +350 200 79520  
Queensway, Fax: +350 200 70942  
Gibraltar

enquiries@argus.gi  
www.argus.gi

Please provide us with the Third Party details if known (e.g. name, address, telephone number, insurer's details):


Please attach any supporting evidence such as photographs showing the damage, CCTV footage, name/address/telephone number of any witnesses to the incident:


## A. GENERAL

State in full detail the cause and circumstances of the loss or damage:


What is the crime reference number and the name of the police officer that dealt with the matter?


What is the name and telephone number for the relevant police station?


If a business, are you still able to trade?

Yes  No

If 'No', please state why and how long this is likely to last:

--

If No, please advise how much money (net of VAT) the business is losing each day (for estimate purposes):

--



# PROPERTY GENERAL CLAIM FORM

Argus Insurance Company (Europe) Limited  
P.O. Box 45, Regal House, Tel: +350 200 79520  
Queensway, Fax: +350 200 70942  
Gibraltar

enquiries@argus.gi  
www.argus.gi

If 'No', please provide details of your gross profit percentage:

[Input field for gross profit percentage]

Were the premises occupied at the time of the occurrence?

Yes  No

Please detail what action you have taken to mitigate the loss?

[Input field for mitigation actions]

## B. BUILDINGS

Specify separately each room or building damaged or destroyed:

[Input field for room/building details]

Age of damaged element of building:

[Input field for age]

Date when maintenance last undertaken:

[Input field for date]

Amount of Estimate:

[Input field for estimate amount]

Net amount Claimed:

[Input field for net amount]

*(Please attach Repair or Replacement Estimate)*

Specify separately each room or building damaged or destroyed:

[Input field for room/building details]

Age of damaged element of building:

[Input field for age]

Date when maintenance last undertaken:

[Input field for date]

Amount of Estimate:

[Input field for estimate amount]

Net amount Claimed:

[Input field for net amount]

*(Please attach Repair or Replacement Estimate)*

Specify separately each room or building damaged or destroyed:

[Input field for room/building details]

Age of damaged element of building:

[Input field for age]

Date when maintenance last undertaken:

[Input field for date]

Amount of Estimate:

[Input field for estimate amount]

Net amount Claimed:

[Input field for net amount]

*(Please attach Repair or Replacement Estimate)*

Specify separately each room or building damaged or destroyed:

Age of damaged element of building:

Date when maintenance last undertaken:

Amount of Estimate:

Net amount Claimed:

*(Please attach Repair or Replacement Estimate)*

## C. CONTENTS/STOCK

Description of articles lost, damaged or destroyed:

Date acquired:

From whom obtained. Name and address:

Original cost:

Replacement cost or cost of repairs:

*(attach receipts/ manuals, and for stock items sample invoices showing the cost price)* *(Where applicable)*

Deduction for wear and tear:

Value of salvage:

*(Where applicable)*

Amount claimed:

Description of articles lost, damaged or destroyed:

Date acquired:

From whom obtained. Name and address:

Original cost:

Replacement cost or cost of repairs:

*(attach receipts/ manuals, and for stock items sample invoices showing the cost price)* *(Where applicable)*

Deduction for wear and tear:

Value of salvage:

*(Where applicable)*

Amount claimed:

Description of articles lost, damaged or destroyed:

Date acquired:

From whom obtained. Name and address:

Original cost:  Replacement cost or cost of repairs:   
*(attach receipts/ manuals, and for stock items sample invoices showing the cost price)* *(Where applicable)*

Deduction for wear and tear:  Value of salvage:   
*(Where applicable)*

Amount claimed:

Description of articles lost, damaged or destroyed:

Date acquired:

From whom obtained. Name and address:

Original cost:  Replacement cost or cost of repairs:   
*(attach receipts/ manuals, and for stock items sample invoices showing the cost price)* *(Where applicable)*

Deduction for wear and tear:  Value of salvage:   
*(Where applicable)*

Amount claimed:

***Use separate sheets if necessary.***

## DAMAGED PROPERTY

**The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters.**

## COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Regal House, 3 Queensway, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.



# PROPERTY GENERAL CLAIM FORM

**Argus Insurance Company (Europe) Limited**  
P.O. Box 45, Regal House, Tel: +350 200 79520  
Queensway, Fax: +350 200 70942  
Gibraltar

enquiries@argus.gi  
www.argus.gi

## DATA PROTECTION ACT – INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

## VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it. Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from Other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

## DECLARATION

I/We declare that the above is a full and accurate statement, and I/we therefore claim the sum of  as the amount due to me/us in respect of the loss of or damage to the property detailed

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief.

Signature of Insured:

Date: