



WAYNE GRAYSON
& ASSOCIATES

Commercial Building Claim Form

Personal Information

Business Name	<input type="text"/>	Policy Number	<input type="text"/>
Contact Person	<input type="text"/>	Contact Phone	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
Address	<input type="text"/>		
Preferred method of Contact	<input type="text"/>		

Loss Details

Time of loss Am Pm **Date of Loss**

Location of Loss

What were the circumstances of Loss

Is there any other insurance held on the damaged Property? Yes No

if yes, Details

Do you know who is responsible for the damage? Yes No

if yes, Details

Is there Finance Held on the damaged property? Yes No

if yes, Details

Does any other party hold ownership stake of the property? Yes No

if yes, Details

Have you arranged anything to be repaired or replaced since the incident?

Further Information or Comments

Declaration

I declare that to the best of my knowledge the details given in this claim form are true

I undertake to render assistance in connection with this claim

I agree that Wayne Grayson and associates and the insurance company with whom I am insured may give to or obtain from the appropriate individuals and organisations information relevant to this claim.

I agree that the insurance company with whom I am insured may give to or obtain from the ICR details relevant to my claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)

Failure to provide full and correct details could result in your claim not being accepted by the insurer.

I have read, and confirm that I understand this delaration

Name of Insured (Person Completing form)

Direct Credit Details

Bank **Branch** **Account Number** **Suffix**

Account Name:

Submit Form

Reset Form