

Commercial Subsidence Claim Form

Section 1 – Details of Property

Claim number		Policy number	
Name of policy holder		Certificate number	
Risk address of property		Daytime telephone	
		Evening telephone	
Correspondence address		Email address	
		VAT status	
		Name of property management company	
		FCA firm number	

Section 2 – Details of the Subsidence Damage to the Property

Date that the damage occurred or the date that the damage was first noticed	
Description of the subsidence damage to the property (Please attach a sketch and/or photographs of the damage if relevant)	
In what part of the property has the subsidence damage occurred?	
Are there any visible cracks in the walls of the buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please advise the nature of these	<input type="checkbox"/> between 1mm and 2.5mm <input type="checkbox"/> between 2.5 and 5mm <input type="checkbox"/> more than 5mm wide
Have you appointed a surveyor to prepare a report? (If so, please attach a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following questions to the best of your knowledge. If you answer yes to any of the following questions please attach a separate explanation if appropriate.

Has the property suffered from subsidence, ground slip, heave, or movement, in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been any recent extensions / additions or structural alterations to the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any trees been felled or lopped near the property within the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a drains test been carried out at the property within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the property ever suffered any problems with the underground drainage system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Were the premises occupied at the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, when were they last occupied?	

Section 3 – Other Insurance

If there is another insurance policy that covers the same property please give the details below.

Name of insurance company	
Address of insurance company	
Policy number	

Section 4 – Previous Claims

Please provide details of any claims made on the property within the last 5 years.

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Section 5 - Declarations

I/We declare that the statements contained within this document are true to the best of our/my knowledge and belief and I/we claim the amount above in respect of the items mentioned.

I/We understand that Insurers and other agents share information with each other to prevent fraudulent claims via the Claims Underwriting Exchange (CUE) operated by Insurance Databases Services Ltd. A list of participants is available. The information supplied on this form, together with the information supplied at proposal stage, and other information relating to the claim will be made available to the participants.

By signing below, I/we understand that this information may be sought from other insurers to verify the statements made in this claim form, and that the issue of this form should not be construed as an admission of liability on behalf of the insurer. If you require further clarification of this disclosure, please e-mail us at claimservice@stride.co.uk or telephone/fax us on 023 9224 8770 / 023 9224 8799.

Important Information

Please note that the Policyholder will not be indemnified in respect of the following -

1. Loss or destruction of or damage to the Insured property caused by
 - (a) collapse, cracking, shrinking or settlement of any buildings
 - (b) coastal or river erosion
 - (c) defective design or inadequate construction of foundations
 - (d) demolition, structural alteration or repair
 - (e) settlement or movement of the ground

2. Loss or destruction of the Insured property as a result of movement of solid floor slabs

3. The policy excess as stated in the Schedule of Insurance.

Other policy exclusions apply. For details of these, please refer to the policy documents.

Full name and signature of the claimant or their representative	Date
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Please return to Stride Insurance Group Commercial Claims Department, Birch House, Parklands Business Park, Forest Road, Denmead, Hampshire PO7 6XP. Alternatively you can fax it to us on 02392 248799 or scan and email to claimservice@stride-group.co.uk.

Stride Insurance Group Birch House, Parklands Business Park, Forest Road, Denmead, Hampshire PO7 6XP
 T 023 9224 8790 F 023 9224 8799 E info@stride-group.co.uk W www.stride-group.co.uk

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