

CLAIM FORM

This form is for making a claim for the loss of profit to a business as a result of an obstruction to the highway by SES Water. Please refer to our Claims Policy and FAQ document for further details.

Please answer all questions. This will help us deal with the claim quickly. If more space is required for any of the questions please add as an attachment. All attachments will form part of the claim form and the declaration will include them.

- 1. Claimant name (company, partnership)
- 2. Contact person and title (for company or partnership)
- 3. Principal business activity (such as shop, restaurant)
- 4. Is the business VAT Registered? Yes No

What is the VAT status?

- 5. Business address and postcode the subject of the claim?
- 6. Telephone no.

Facsimile no.

7. When did the damage or interruption occur?

Date

Time



8. Please describe what happened and the interruption suffered by the business including exact location of construction works, distance from the business premises and impact on customers?

9. Please outline steps taken to reduce the impact of the interruption on the business?

10. Provide the following details about the business:

Number of years i	in operation			
Are there multiple	e locations?	Yes	No	
If so, please speci	fy			
Staff numbers				
Opening hours				
Have any compet Yes	itors within one No	mile opened or o	closed their business in the	last 12 months?
If so, please spec	ify			



11. Please outline what you believe to be the loss of profit to the business by completing the table below:

Shortfall in turnover		£
Loss of gross profit		£
Additional costs incurred as a result of interruption		£
Savings in costs or overheads made due to interruption		£
Claim for loss of profit		£

Please attach accounting documentation to support the above figures as follows:

- > The documentation each business will need to provide will differ depending on the nature of the business. However, at a minimum, the following must be provided with each claim form.
- > Financial Statements for the most recent financial year end that corresponds to the date of the interruption including the detailed profit and loss account and for two years preceding this set of financial accounts.
- > Weekly sales for the 24 months prior to the loss up to the end of the period of interruption.
- > Monthly management accounts for 24 months pre dating the interruption and post interruption up to the end of the period of interruption.
- > VAT returns (if VAT registered) for the above period.
- A copy of all invoices for any additional costs incurred plus a description of the nature of the cost.
- A copy of all invoices for professional fees claimed including a breakdown of all time recorded by activity including narrations.
- > Any reports from an accountant or a valuer that may have been relied upon in formulating the claim.
- Copies of the business insurance certificates and policies.
- Please note, other documents may be requested by an appointed third party on our behalf to enable assessment of the claim.
- 12. Does the business have Business Interruption / Loss of Profits / Consequential Loss insurance which may cover your losses? Yes No

If so, please specify Name of Insurer

Policy Number

Type of Insurance



Are you using a professional advisor to represent the business in relation to this claim?
Yes
No

If so, please specify Name of the business

Profession

Address

Contact Name

Telephone Number

14. Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. understand that this claim may be refused if information is untrue, inaccurate or concealed.

Name

Signature on behalf of business

Date