

Claim form for loss of Business Profits

Please complete all sections of this form, otherwise we may need to return it to you.

Section 1 - Claimant details

Claimant details

Claimant name:

Business name:

Business address: Post code:

Telephone number:

Email address:

VAT number: (if applicable)

Bank account name: (for business claimants only)

Name of water retailer: (if known)

Business details

Type of business:

Usual business hours: Days..... To

Hours..... To

Financial year end:

Last accounts/returns
submitted or filed:

Your insurer:

Insurer's address:

Telephone number:

Contact:

Policy number:

Are loss of business profits from working in the highway recoverable under the policy?

Yes No

Section 2 - Nature of the works

Please set out a description of the works:

.....
.....
.....

What dates were the works near your business?

.....
.....

Was the work continuous for that period? (please tick)

Yes No

If no, please specify:

.....

What is the approximate distance between the works and your premises?

Daily working hours:

.....

Were any other utility companies and/or local authorities working in the area?

Yes No

If yes, please provide details:

.....

Section 3 - Traffic and parking restrictions

Were any of the following traffic restrictions in place? (please tick)

One way system: Yes No

Single yellow lines: Yes No

Double yellow lines: Yes No

No waiting: Yes No

Red route: Yes No

Other: (Please specify)

.....

Please provide details of vehicular access routes to your business premises that were open throughout the duration of the work:

.....

Was it necessary to divert traffic and/or pedestrians away from the premises?

If yes, please provide details:

.....

Please state where your business customers usually park:

.....

How was this arrangement affected by the works?

.....

Was public transport affected by the works? If so, how?

.....

How was access to your premises maintained?

.....

Section 4 - Environmental impact of the works

Was your business affected by the following? (please tick)

Dust: Affected Not affected

Dirt/mud: Affected Not affected

Water: Affected Not affected

Noise: Affected Not affected

Smell: Affected Not affected

Vibration: Affected Not affected

Was there any storage of materials, equipment or hoardings outside of your business premises? (please tick)

Yes No

If yes, please specify, giving dates and distances from your premises :

.....

.....

Section 5 - Financial information

Cambridge Water requires financial information to accurately assess your claim. Please attach the following documents that you will seek to rely on to demonstrate your loss. If you are unsure about the information that is required below, please contact us.

Cambridge Water may, on receipt of the documentation referred to below, also seek further information/documentation at a later stage prior to the final determination of your claim.

Your claim will not be considered unless you attach to this claim form the financial documents listed below.

A statement of the losses incurred by the business, together with a calculation showing how this figure has been determined.

Please provide certified copy of your accounts, and associated balance sheets, for the two year preceding the claim period or certified copies of your tax returns

A breakdown of the net weekly sales for the 20 weeks preceding the works, and for the period of the works themselves, with comparative figures covering these two periods in the previous year

Section 8 - Claim summary

Value of claim:

Section 9 - Signature

This form must be signed by the claimant (even if an agent is appointed).

I (print name)

certify that the above details are true and correct.

Signed:

Status: (e.g. Company Director / Company Secretary)

Date:

Cambridge Water require that any written statement of claim that is attached as part of the claim presentation is signed by the claimant or an authorised director if the claimant is a limited company.

Please send this claim form and supporting documentation to:

Cambridge Water
Billing & Settlement
90 Fulbourn Road
Cambridge
CB1 9JN

Appointment of Agent / Accountant

If you wish to appoint an agent or accountant to act for you in this matter please complete the section of this form below.

I/We, confirm that we wish to instruct.

.....

to act on our behalf in connection with this claim.

Signed:

The issuing of this form is not an acceptance of liability by Cambridge Water.