

Claim form for loss of Business Profits This form is for claims relating to works in Dorking Surrey 2024 (Please complete all sections of this form, otherwise we may need to return it to you)

1	About You:		
	Claimant name:		
	Business name:		
	Business address:		
	Post code:		
	Telephone number:		
	Email address:		
	VAT Number (if applicable)		
	Bank account name		
2	Financial Information Required:		
	1)	Sales on a weekly or daily basis indicating whether inclusive VAT or not From September 2022 to the current date.	
	2)	VAT returns covering the above period.	
	3)	Your last two annual trading profit and loss accounts in full.	
	Please note: We do sometimes require verification of sales from Card Income accounts or your point of sale software.		
	N.B. The above list is not exhaustive and we may require further details upon receipt of your submission.		
3	Other Information that you ma	y wish us to consider.	

4	Claim Summary:		
	Value of Claim		
5	Agent/ Accountant to Act for You - fees payable If you wish to use your accountant or an independent agent to present the claim Thames Water will compensate on the basis of the fee scale below:		
	Claim Value	Fee	
	Up to :£500	£600	
	From: £500.01 - £1,000.00	£750	
	£1,000.01 - £2,500.00	£750 plus 7.5% of settlement in excess of £1,000	
	£2,500.01 - £40,000.00	£862.50 plus 4.0% of settlement in excess of £2,500	
	£40,000.01 +	To be considered on a time basis with the hourly rates	
		to be agreed in advance	
	VAT on fees is payable unless it can be recovered by the claimant		
	(Agent's or representative's fees will be not payable if compensation is not awar		
	Thames Water)		
6	Appointment of Agent / Accounta		
		r 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.		
	to act on our benan in connection with this claim.		
	Signed:		
7	Signature:		
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	This form must be signed by the claimant (even if an agent is appointed).		
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	I (print name)		
	,		
	certify that the above details are	true and correct. Signed:	
	Status: Company Director / Comp	any Secretary/ Partner / Sole Trader (please delete as	
	necessary)		
	Date:		

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Please send this claim form and supporting documentation to:

Property Manager Capital Projects 2nd Floor West Clearwater Court Vastern Road Reading RG1 8DB

or email: LossofBusiness@thameswater.co.uk (maximum file size 15mb)

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