



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			
1.1	Claimant Details	Claimant name:	
		Business name:	
		Business address:	
		Postcode:	
		Telephone number:	
		Email address:	
		VAT registration Number (if applicable):	
		Bank account name (for business claimants only):	
		Name of water retailer (if known):	
1.2	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?:	
Section 2 - Nature of the works			
2.1	Please set out a description of the works		
2.2	What dates were the works near your business?		
2.3	Was the work continuous for that period? (please tick) If no, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.4	What is the approximate distance between the works and your premises?		
2.5	Daily working hours		
2.6	Were any other utility companies and/or local authorities working in the area? If yes, please provide details.		

Section 3 - Traffic and parking restrictions

3.1	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)		
3.2	Please provide details of vehicular access routes to your business premises that were open throughout the duration of the works			
3.3	Was it necessary to divert traffic and/or pedestrians away from the premises? If yes, please provide details			
3.4	Please state where your business customers usually park			
3.5	How was this arrangement affected by the works?			
3.6	Was public transport affected by the works? If so, how?			

3.7	How was access to your premises maintained?	
-----	---	--

Section 4 - Environmental impact of the works

4.1	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	

4.2	Was there any storage of materials, equipment or hoardings outside of your business premises? (please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	--	--

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

Section 5 - Financial information

	<p>Thames Water Utilities Limited 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.</p> <p>Thames Water Utilities Limited 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.</p> <p><u>Your claim will not be considered unless you attach to this claim form the financial documents listed at 5.1 below.</u></p>
--	--

<p>5.1</p>	<p>Please attach copies of the following financial documents:</p> <div style="margin-bottom: 10px;"> <div style="display: inline-block; width: 60px; height: 60px; border: 1px solid black; margin-right: 10px;"></div> <p>Turnover details for the business on a weekly or monthly basis starting from two years prior to the interruption up to the current date. Please indicate if the sales figures include VAT or not.</p> </div> <div style="margin-bottom: 10px;"> <div style="display: inline-block; width: 60px; height: 60px; border: 1px solid black; margin-right: 10px;"></div> <p>Last 2 sets of annual trading profit and loss accounts balance sheets (including for the period of interruption claimed) as accepted by the Inland Revenue and certified by your accountant.</p> </div> <div> <div style="display: inline-block; width: 60px; height: 60px; border: 1px solid black; margin-right: 10px;"></div> <p>VAT returns for the 2 years prior to the period of interruption, including a copy of VAT registration certificate.</p> </div> <p>The above list is not exhaustive, and we may require further detail upon review.</p> <p>For a claim to be accepted the turnover details provided on a weekly or monthly basis must be fully evidence by independent sources such as card income accounts or point of sales accounting records.</p> <p>The business must be fully compliant with HMRC and other statutory bodies. Signature to the form confirms agreement to this.</p>
<p>5.2</p>	<p>To what extent (as a percentage) is your business dependent on access and passing trade? %</p>
<p>5.3</p>	<p>What is the anticipated gross profit margin for the business in the current financial year? %</p>
<p>5.4</p>	<p>Are there any exceptional circumstances that may increase or decrease gross profit during the period of the claim?</p>
<p>5.5.</p>	<p>What steps did you take to minimise your losses during the period of the works?</p>
<p>5.6</p>	<p>In the event that compensation is awarded and you have instructed an agent or representative to act on your behalf, we will pay the agent's or representative's reasonable fees, limited to an amount in accordance with the scale set out below:</p>

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 - £30,000.00	£862.50 plus 4.0% of settlement in excess of £2,500
	£30,000.01 - £100,000.0	£1,962.50 plus 2% of settlement in excess of £30,000
	£100,000+	To be considered on a time basis with the hourly rates to be agreed in advance
(Agent's or representative's fees will be not payable if compensation is not awarded by Thames Water)		

Section 6 - Plans and photographs

- 6.1** Please attach to this form a plan or a map showing details of the works.
Please also attach any photographs of the works (ensuring that a date is marked on each photograph)

Section 7 - Any other details

- 7.1** Please set out any other information that may be useful in considering the claim.

Section 8 - Claim summary

- 8.1** Value of claim:

Section 9 - Signature

9.1 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:

Thames 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:

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

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

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 Thames Water.