

**Claim Form for Property Damage or Loss**

Applicable to Fire, Special Perils, "Home" Covers, Theft, All Risks, Money, Baggage and Glass

The issue of this form is not an admission of liability on the part of the company. All questions on this form must be answered in full.

<b>Policy No.</b>	1. RENEWAL DATE:	Date of payment of last premium:
<b>Insured</b>	2. Name.....	
	3. Address..... Telephone No. ....	
	4. Business or occupation..... Location .....	
<b>Circumstances giving rise to Claim</b>	5. Date and time of loss..... a.m./p.m. on.....20.....	
	6. Where loss or damage occurred.....	
	7. Describe fully how loss or damage occurred..... ..... .....	
<b>General Information</b>	8. Type of premises involved.....	
	9. Were the premises unoccupied? Yes/No. If so, when were they last occupied?.....	
	10. Are the premises self-contained? If not, name of other occupants.....	
	11. Are you the owner of premises?.....	
	12. Are you responsible for repairs?.....	
	13. Have you any suspicion as to parties implicated?.....	
	14. Is there any insurance in force providing covers for this loss? If so, give particulars including Insurers name, address and Policy No .....	
	15. Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on Insurers .....	
	16. At the time of the loss what was the value of: a) the bulidings?..... b) all the property in the premises?.....	

- Complete in all cases involving THEFT MALICIOUS or MISSING ARTICALS** 17. When were Police notified?.....
- 18. Address of Police Station.....
- 19. What other steps have you taken to recover property?.....
- 20. Give full details of method of entry to premises.....
- 21. If alarm fitted, did it function properly? If not, give reasons.....
- 22. Are guards employed? If so, name of firm .....

- Complete in all Cases involving Loss in transit** 23. Starting point and destination of transit .....
- 24. Who was accompanying property lost? .....
- 25. If employees, state age and duties .....
- 26. Are they insured under Fidelity Guarantee Policy? If so, Insurers name, address and Policy No.....  
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- 27. How often is the transit made?.....
- 28. What is maximum ever carried at one time? .....

**Amount Claimed** 29. .... Please refer overleaf for details.

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that articles and property described overleaf belong to me/us, and that no other person has any interest whether as owner, Mortgagee, Trustee or otherwise except as mentioned in this policy.

Signed by the Insured ..... Date .....

**DETAILS OF AMOUNT CLAIMED**

If claim is for repairable damage, give particulars of damage and a tradesman's estimates for the repairs necessary.

If claim is for irreparable damage or loss, list items below completing all columns (if Policy cover is on new reinstatement basis, the column for wear, tear and depreciation is not applicable). Supporting estimates for replacements may be helpful.

In case where reported to Police furnish a Police report.

Full description or property	When and where acquired	Replacement cost Price	Deduction for Wear, Tear and Depreciation	Amount allowed For salvage	Amount claimed