



CLAIM FOR LOSS OR DAMAGE

I hereby declare that all particulars to be given are true and correct and that no false or fraudulent statement will be made _____
 NOTE: "N/A" means "Not Applicable" Insured's Signature

Policy No: _____

Period of Cover : _____

1.	Name of Insured _____		
2.	Address _____	Telephone No.	_____
3.	Business/Profession _____	Telephone No.	_____
4.	Address _____		
5.	Email Address _____		
6.	Is the claim for loss or damage? _____	7.	Date of loss or damage _____
8.	Place of loss or damage _____		
9.	(a) If loss occurred on premises insured, were they occupied at the time of loss? _____		
	(b) If not, please give period of unoccupancy _____		
	(c) State precisely the purpose(s) for which the premises were being used at the time of the loss or damage _____		
10.	At what place, time and date was the property last seen by you? _____ _____		
11.	Are you the sole owner of the property? _____		
12.	Are there any other insurances on the property in respect of which this claim is made? _____		
13.	State circumstances under which loss or damage took place, and please give details in the schedule on the reverse of this form, of the articles lost or damaged. _____		
14.	In whose custody was the property at the time of the loss or damage? _____		
15.	(a) If the property was in the custody of a carrier at the time of the loss or damage, has a formal claim been made against the carrier? (b) Date of claim _____ (c) Was a cheque or receipt received from the carrier? _____		
16.	(a) Have the police been notified? _____ If so, at what station? _____ (b) Date of notification _____		
17.	What other steps have been taken to recover the property? _____		
18.	Have you any reason to suspect anyone? _____ If so, whom? _____ _____		
19.	Was any third party associated with the cause giving rise to the loss? _____ _____		

DECLARATION

I hereby declare that the property claimed for has been lost, stolen, destroyed or damaged, and that all statements on this form are to the best of my knowledge and belief correct.

Signature of Claimant: _____

Date: _____

