



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

Insured's Signature

NOTE: "N/A" means "Not Applicable"

Policy No: Client No: Branch: Source:

Period of Cover:

1. Name of Insured

2. AddressTelephone No.

3. Business/ProfessionTelephone 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:

