

All Risks Claim Form

The Claimant			
Name of the insured			
Address			
Occupation			
Policy Number		Telephone Nos.	
E-mail Address			
Agency			

The Loss or Damage	
1. State whether the property was stolen, lost or damaged.	
2. If stolen, do you have any suspects? If so, name them.	
3. When and where was the property last seen by you?	
4. State the date and time of the loss or damage.	
5. Who discovered the loss or damage?	
6. State precisely how the loss or damage occurred?	

Police Involvement (Stolen or Lost Items)	
7. If the property was stolen or lost give the following details:	
(a) Name of Police Station reported to	
(b) Date the Police were advised	
(c) Police Reference Number	
(d) Attach Police report if available.	

The Property Lost or Damaged	
8. Are you the sole owner of the property? If not, give name of owner.	
9. Has any other person or firm any financial interest in the property? If so give details.	
10. Are there other insurances on the same property? If so give details.	
11. Have you previously sustained any loss of or damage to property? If so, explain whether a claim was made giving the name of the Company or Underwriters, date, nature of loss and amount paid.	

Please Complete Statement of Claim Overleaf

The policy is a contract of INDEMNITY and subject to the Sums Insured under all claims must be based upon, the actual value of the insured property at the time of the Theft, Loss, or damage (allowing for any

depreciation, wear and tear), unless the basis of claim settlement as defined in the policy, or clause(s) incorporated therein permits or stipulates otherwise.

If articles can be repaired, repairers' estimates should be provided. Salvage must be protected from deterioration until the claim is settled.

Description of property damaged, stolen or lost.	Approximate date of purchase	Amount Paid	Value before damage (allowing for wear and tear and depreciation)	Amount Claimed (Allowing for Salvage)
Total				

I/We declare that, to the best of my/our knowledge and belief, these statements are true.

Date:..... Signature of Insured.....