

## Damage Claim Form

| The Claimant  |  |                |  |
|---|--|----------------|--|
| Name of the insured   |  |                |  |
| Address   |  |                |  |
| Occupation  |  |                |  |
| Policy Number   |  | Telephone Nos. |  |
| E-mail Address  |  |                |  |
| Agency  |  |                |  |
| 1. Give the address of the premises that has suffered the loss.   |  |                |  |
| 2. State the type of premises, e.g. private house, shop, hotel, office building, etc.   |  |                |  |
| 3. State the date and time the loss or damage occurred.   |  |                |  |
| 4. State precisely how the loss or damage occurred:   |  |                |  |
| 5. By whom was the loss discovered?   |  |                |  |
| 6. Give the names and addresses of witnesses if any.  |  |                |  |
| 7. Were the premises unoccupied at time of loss? If so, for how long.   |  |                |  |
| 8. Has there been any change in the premises since the policy was issued? If so give details.   |  |                |  |
| 9. Have you given instructions for replacement or repair? If so give name and address of repairer or contractor.  |  |                |  |
| 10. If the loss was caused by persons NOT in your service, give full names and addresses.   |  |                |  |
| 11. Are you the owner of the premises or tenant? If tenant are you responsible for repairs.   |  |                |  |
| 12. Has any other person or firm any interest in the property as owner, Mortgagee, Trustee, etc? If so give details.  |  |                |  |
| 13. Is the property for which you are claiming also insured under another policy, e.g. a policy effected by you or another party or under an All Risks, Baggage, etc? If so give particulars. |  |                |  |
| 14. Have you ever sustained loss or damage of this nature before? If "Yes" give details including dates, amount and Insurers or Underwriters if a claim was made.                             |  |                |  |

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Please Complete Statement of Claim Overleaf

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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 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.

**BUILDING, FIXTURES AND FITTINGS, AND/OR BREAKAGE OF SANITARY FIXTURES (Estimate Required)**

| Description of property damaged or destroyed | Approx. age | Estimated Cost of Repair | Amount Claimed |
|--|-------------|--------------------------|----------------|
|  |             |                          |                |
|  |             |                          |                |
|  |             |                          |                |
|  |             |                          |                |

**STOCK, CONTENTS, AND/OR PERSONAL EFFECTS**

**Household goods:** If articles can be repaired, repairers' estimates should be furnished.  
**Trade Stocks:** Invoice prices, discounts and the value of the salvage should be stated.  
**Salvage:** Must be protected from deterioration until claim is settled.

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

**BREAKAGE OF GLASS (Estimate Required)**

| Description of glass broken | Whether Window, Door, etc | Is glass in a conservatory, green house, verandah or out building | Kind of glass broken | Whether cracked or broken out | Amount Claimed |
|-----------------------------|---------------------------|---|----------------------|-------------------------------|----------------|
|                             |                           |   |                      |                               |                |
|                             |                           |   |                      |                               |                |

**LOSS OF MONEY**

| cash | Cheques | Postal or money orders | Total Amount Claimed |
|------|---------|------------------------|----------------------|
|      |         |                        |                      |

I/We declare that, to the best of my/our knowledge and belief, these statements are true and I/We claim the amount stated above in respect of the property mentioned.

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