

PROPERTY ALL RISKS CLAIM FORM

Issuing of this form is not to be taken as an admission of liability.

Policy Number :

Claim Number (Official Use Only) :

Name of Insured :

Address :

Occupation :

Telephone Number :

1. When did the loss/ damage, theft occur? Date: Time:

2. When was the loss/damage, theft discovered? Date: Time:

By Whom

3. a) State whether the property was stolen, lost or damaged.

b) If stolen, does Insured's suspicion rest on anyone and if so, on whom?

c) When and where was the Property last seen by the Insured?

4. State the type of damage or loss. Fire Aircraft
 Storm & Flood Lightning
 Earthquake Impact
 Explosion Riot & Strikes
 Bursting or overflowing

5. Address of the premises where the loss/damage, theft occurred? House Shop
 For what purpose were the premises occupied at the date of loss/damage, theft Flat Office
 Compound Store
 Warehouse Showroom
 Other (describe)

6. State the circumstances under which the theft, loss or damage took place.

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<p>7. If the property was stolen or lost and for the loss/damage or theft were the police notified?</p> <p>Have the police inspected the premises?</p> <p>If yes, please state reported date & time. (Please attached original police report)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p>Date: <input style="width: 50px;" type="text"/></p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p>_____</p>
<p>8. Has any alteration been done to the premises since the policy was issued or last endorsed?</p> <p>If so, please give details.</p>	<p><input type="checkbox"/> Yes</p> <p><input style="width: 50px;" type="text"/></p>	<p><input type="checkbox"/> No</p> <p>_____</p>
<p>9. If the Claim is in respect of any article not separately mentioned, give the number of the policy item in which it is included and the present value of all property to which that item applies.</p>	<p><input style="width: 50px;" type="text"/></p>	<p>_____</p>
<p>10. a) Were the premises occupied at the time of loss/damage or theft?</p> <p>b) If not, when were they last occupied?</p> <p>c) For how long have the premises been unoccupied, since the policy was effected or last renewed?</p>	<p><input type="checkbox"/> Yes</p> <p>Date: <input style="width: 50px;" type="text"/></p> <p><input style="width: 50px;" type="text"/></p>	<p><input type="checkbox"/> No</p> <p>_____</p>
<p>11. Are you the owner of the premises or property?</p> <p>If not, give the name of owner.</p> <p>If damage is due to impact by vehicle, please mention if you are the owner of the vehicle</p> <p>If not, mention the registration number of the vehicle and attached Police Report</p>	<p><input type="checkbox"/> Yes</p> <p><input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> Yes</p> <p><input style="width: 50px;" type="text"/></p>	<p><input type="checkbox"/> No</p> <p>_____</p> <p><input type="checkbox"/> No</p> <p>_____</p>
<p>12. Do you have any other theft insurance or other insurances on the property, whether effected by you or by any other party?</p> <p>If so, please give name of company, policy number and amount insured, if known.</p>	<p><input type="checkbox"/> Yes</p> <p><input style="width: 50px;" type="text"/></p>	<p><input type="checkbox"/> No</p> <p>_____</p>
<p>13. a) Has the Insured previously sustained any theft or loss of or damage to property?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>

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b) Was a claim made upon any Company or Underwriter?

Yes

No

If so, give the name of Company, date, nature of loss and amount paid



Building

The claim should be accompanied by a Tradesman estimate, obtained at Insured's expense, of the cost of putting the Building into the same state as it was in immediately before the damage: (Improvements should not be included in such estimate)

Contents

It is essential to give a full list of the articles destroyed or damaged, with the particulars set out. In the case of Stock the "estimated value immediately before the damage" (column 8) must not exceed the value before sale, i.e. it must not be based on the selling price.

The policy being a contract of INDEMNITY all claims must be based upon the actual value of the articles at the time of the theft or loss/damage, subject to the sum insured under the policy, due allowance being made for depreciation and wear and tear.

I/We hereby declare that the above is full, true and accurate statement and I/We, further declare that the property mentioned above, which belongs to me/us and which is insured under the above mentioned policy or policies, was destroyed or damaged as aforesaid according to the extent and values stated. Also, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

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Signature of the Insured

Date

No. of article	Description of articles or property destroyed or damaged	Date of Purchase	Original cost price	To whom the article or property belonged	From whom was it purchased	Deduction for depreciation	Estimated value immediately before the damage allowing for "wear tear"	Estimated salvage value after the damage	Amount claimed
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■
■	■	■	■	■	■	■	■	■	■