

CLAIM FORM – GENERAL LOSS

Please read your policy before submitting claim.

This form should be completed and returned within seven days of its receipt.

PARTICULARS OF CLAIM

Name of Insured in full	
Telephone	
Policy No.	
Private Address	
Business Address	
1. (a) State whether the property was stolen, lost or damaged.	
(b) if stolen, do your suspicions rest on anyone, and if so, whom?	
(c) When and where was the property last seen by you?	
2. On what date and time was the theft, loss or damage discovered and by whom?	
3. State the circumstances under which the theft, loss or damage took place.	
4. If claim is in respect of jewellery, when was the property last overhauled by a Jeweller? Give name and address of firm.	
5. Are you the sole owner of the property? If not, give name of owner.	

6. If the claim is in respect of any article not separately mentioned, give the number of the Policy item and the present value of all the property to which that item applies.	
7. If the property was stolen or lost, give:	
(a) the date the police were advised.	
(b) the name of the person reporting the loss to the police.	
(c) the name of the police station.	
8. Are there other insurances on the same property?	
9. Have you previously sustained any theft or loss of or damage to property?	
Was a claim made upon any Company or Underwriters? If so, give name, date, nature of loss and amount paid.	
10. State amount being claimed.	

DECLARATION:

The issue of this form is not to be taken as admission of liability.

I HEREBY WARRANT the truth of the foregoing statements, wherefore I claim the sum of:

DATE:

SIGNATURE: