



PROPERTY CLAIM FORM
(Fire, Theft, Glass, Loss Or Damage)

Special Notice - The Policy is rendered void if any claim be in any respect fraudulent, or if any fraudulent means or devices are used to obtain any benefit under it. It is therefore important that facts must be clearly stated. The acceptance of this form is not in itself an admission of liability on the part of the Company.

Claim No.: Policy No.: Date of Expiry:

THE INSURED

Name of Insured :
 Private Address : Tel No.
 Business Address : Tel No.
 Occupation / Business : Present Age: years

THE LOSS OR DAMAGE

Date property was last seen : Time.....

Date of first discovery of loss / damage :

State full circumstances of loss / damage :

Are you the sole owner of the property lost / damaged? If NO, please give name and address of the owner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property subject to a hire purchase or loan agreement? If YES, please give name and address of finance or lending company.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other insurances covering the same property? If YES, please give name and address of insurance company, type of insurance, policy no. and sum insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever sustained loss of a similar nature? Was a claim made upon any insurance company? If so, please give name, date, nature of loss and amount paid.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL QUESTIONS FOR GLASS BREAKAGE CLAIMS

Size of broken glass pane
Type of glass
Situation (eg. door, window, showcase, etc)

THE POLICE

Has the loss been reported to the police? If YES, please give (a) name of station. (b) date and time report was made (Please attach a copy of the report)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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INSTRUCTIONS REGARDING CLAIMS

The insured must promptly take all possible steps to trace or recover the property lost and in the case of theft to discover and punish the guilty party(s).

PARTICULARS OF PROPERTY LOST OR DAMAGED				PARTICULARS OF CLAIM				
Full Description	Name & Address of Party from whom the Property was purchased	Date of Purchase	Price Paid	Estimated Repair Cost	Market value at Time of loss	Depreciation / Salvage value	Amount Claimed	
Receipts showing date, price of purchase should accompany this form.				TOTAL				
In the case of damage, at least 3 quotations should be submitted. If the property is not repairable, a letter from Repairers to that effect should be sent. All salvage must be retained.								

THE DECLARATION

I / We hereby declare that the Property claimed for has been lost, stolen, destroyed or damaged, and that these particulars are true to the best of my / our knowledge and belief.

Date :

Signature of Insured :
(Company's Stamp, if applicable)