

# All Risks Claims Form

Please fill form in 'capital letters'

Policy No.

Date  /  /

The company does not admit liability by the issuance of this form

## ▼ Agent/Broker's Details

Date of payment of the last premium  /  /  Agent/Broker

Business or occupation  Telephone

E-mail

## ▼ Loss Details

1. Please give the following information about the property for which you are claiming:

(a) Description

(b) When bought?  /  /  (c) Purchase Price?

(d) From whom?

2. Please give the following information about the loss or damage:

(a) When did it happen? At  :  am /  :  pm on  /  /

(b) Where did it happen?

(d) How did it happen?

3. If property has been lost or stolen please confirm:

(a) If the Police have been notified?  Yes  No (b) At which Station?

(c) Explain what steps have been taken to recover it

4. Do you have any other insurance policy for this loss?

If so, please give the name of the insurers

I/We declare that the foregoing answers are true and complete.

Signature

Date Insured  /  /