

CLAIM No.....

ALL RISKS CLAIM FORM

INSURED. Name in Full.....
Address & Telephone
Policy No.

Describe the full circumstances of the loss, damage or theft stating DATE & TIME

Do you suspect any person in connection therewith?

Date Police advised and address of Station

What other steps have been taken to recover the property:

Are there any other insurances against loss, damage or theft on the same property? Please give full details

PLEASE GIVE FULL DETAILS OF THE PROPERTY STOLEN OR DAMAGED OVERLEAF

PARTICULARS OF CLAIM

[illegible]

Special Notice:- By the conditions the policy is rendered void if any claim be fraudulent or intentionally exaggerated. Or if any false statement or declaration be made in support of it.. It is therefore important that this form should be completed with great care.

I hereby declare that the within mentioned property belonging to me and insured under the said Policy was lost, damaged or stolen in the circumstances stated above and that in consequence thereof a claim is hereby made for the sums severally state within; and I further declared that no other person except..... has and interest in the said property.

Witness my hand this..... day of..... 20.....

Witness..... Signature.....

N.B. - This Statement of claim should be completed and forwarded immediately to the Company

The Insured **MUST** at once take every practical step that may lead to the recovery of the property. The police must be advised immediately; and in the event of theft, any suspicious as to the parties implicated must also be communicated to the Company without delay. If the loss occurred in a Shop, Hotel, Restaurant, public conveyance, or the like, particulars must be reported to the responsible management as soon as practicable.

INSTRUCTION REGARDING CLAIMS

IF ANY OF THE INSURED PROPERTY, THE SUBJECT OF THIS CLAIM IS RECOVERED EITHER BEFORE OR AFTER INDEMNITY HAS BEEN PROVIDED UNDER THE WITHIN NAMED POLICY THE COMPANY MUST BE NOTIFIED IMMEDIATELY