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E-mail: enquiries@custodian insurance.com

CLA	IM	No

			PREMISES
	State full address of the Premises at which the loss		:
	was sustained	-	
		1	1
	(A) When was it discovered?	+	
	(B) By whom was it discovered?	<u>-</u>	
	(C) By whom was such discovery witnessed?	Ţ —	
		-	
	When did you report to Police? At what station?	ļ <u>.</u>	·
	Which rooms were rifled?	-	1
	Which door or window was forced?		
	(A) Were the premises occupied at the time of the loss?	,	
•	(B) If not, on what date and at what hour were they last occupied?	,	·
	(b) It lost, on what date and at what host were troy last occupios.		
	Do you suspect any person or persons? If so, whom?	:	
•			
	(A) Has any other person has an interest of any description	,	
•	in the property claimed for?		
	(B) If so, give his or her name and the nature of the interest		
	Are they any other insurance against loss or damage		:
	by burglary and housekeeping in force in		
	respect of the property claimed for?		
0	What was the value of the total contents of your premises at the time of the loss?	:	
		₩	i
•	(A) Are the contents of the premises insured against fire?		<u>.</u>
	fire?	-	
		N	Compan
	company		
`		1:	
4	Have you ever has a loss by fire or a previous loss	1 .	
	by burglary or theft?	<u> </u>	
_			
3	. Policy No. And date last premium was paid 🗸	Polic	y NoPremium paid
_			
/\	Ve,		
^		1	Telephone No.
٠.	ing the insured under the above-mentioned Policy, declare that at or		
	Act of burglary, and/or Housebreaking was committed upon my/ou		
n	e best of my/our knowledge and belief, in the following manner		, , , , , , , , , , , , , , , , , , , ,
			Constitution of the constitution of
	nd I/We declare that the property enumerated in the Schedule on the		
	entioned and insured under the said policy was stolen in the circums	tances	mentioned.
		:	
		1	
n			
n	gned this day of 20		
n	gned this day of 20		
n	gned this day of 20		

STATEMENT OF CLAIM

Full Description of Article	Name and address of Owner	Date when bought or received	Where bought, or if a present, Name and address of Donor	Cost price when purchased		Deduction for age used and/or Wear and tear		Amount Claimed
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