

# ALL RISK CLAIM FORM

<b>Branch/Agent/Broker:</b>		<b>Policy Number:</b>	<b>Claim No.:</b>
<b>1. Insured's Name:</b>		<b>Email Address:</b>	
<b>Home Address:</b>		<b>Telephone Number:</b>	
<b>Business Address:</b>		<b>Telephone Number:</b>	
<b>Cellular Phone Number:</b>		<b>Fax Number:</b>	
<b>2. Address of premises, or place, where loss or damage occurred. (If lost from premises state whether private house, flat, hotel, office, etc.)</b>			
<b>3. Full particulars of circumstances of the loss or damage. (Give details of articles on the other side hereof)</b>			
<b>4.</b>	<b>(a) Date and time when loss or damage was discovered</b>	<b>(a)</b>	
	<b>(b) Who discovered the loss or damage?</b>	<b>(b)</b>	
	<b>(c) Date and time when article(s) last seen:</b>	<b>(c)</b>	
	<b>(d) By whom last seen, and where?</b>	<b>(d)</b>	
	<b>(e) Date and time loss or damage occurred?</b>	<b>(e)</b>	
<b>5.</b>	<b>Was the Police Notified?</b>		
	<b>If yes, please indicate the following:-</b>		
	<b>(a) Date Police was notified:</b>		
	<b>(b) Name &amp; Number of Police Officer:</b>		
	<b>(c) Address of Police Station where report was made:</b>		
<b>6. Has a thorough search been made for the articles?</b>			
<b>7. Has the loss been advertised?</b>			
<b>8.</b>	<b>Have you before sustained -</b>	<b>(a)</b>	
	<b>(a) Loss by theft?</b>	<b>(b)</b>	
	<b>(b) Loss of, or damage to any article of Value from any other cause? (If so, please state particulars)</b>		
<b>9.</b>	<b>(a) Is the property for which you are claiming insured against Burglary, Theft, Loss or Damage, with any other Insurer or underwriter?</b>	<b>(a)</b>	
	<b>(b) If so, state particulars</b>	<b>(b)</b>	

I declare that the foregoing statements are true to the best of my knowledge and belief; that the articles and property described overleaf were stolen, lost or damaged under the circumstances above described; and that such articles and property belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

INSURED'S SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

