

ALL RISK CLAIM FORM

Bra	anch/Agent/Broker:	Policy N	umbe	r:	Claim No.:
1. In	sured's Name:		Ema	ail Address:	
Home	Address:		Tele	ephone Numb	per:
Busine	ss Address:		Telephone Number:		
Cellula	r Phone Number:		Fax	Number:	
da	ddress of premises, or p amage occurred. (If lost f hether private house, fla	rom premises state			
da	ull particulars of circumstances of the loss o amage. (Give details of articles on the other s ereof)				
4.	(a) Date and time wh was discovered	en loss or damage		(a)	
	(b) Who discovered	the loss or damage?	?	(b)	
	(c) Date and time when article(s) last se		en:	(c)	
	(d) By whom last see	en, and where?		(d)	
	(e) Date and time loss	s or damage occurre	ed?	(e)	
5.	Was the Police Notifi	ed?			
	If yes, please indicate (a) Date Police was n				
	(b) Name & Number of	of Police Officer:			
	(c) Address of Police was made:	Station where repo	rt		
	as a thorough search be ticles?	en made for the			
7. Ha	as the loss been advertis	ed?			
8.	Have you before sust (a) Loss by theft?	ained -		(a)	
	(b) Loss of, or dama Value from any o (If so, please sta	other cause?		(b)	
9.	(a) Is the property f claiming insured Theft, Loss or Da Insurer or underv	or which you are against Burglary, mage, with any oth vriter?	ər	(a)	
	(b) If so, state parti	culars		(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:_____

PLEASE COMPLETE STATEMENT OF CLAIM BELOW

An All Risks Policy being a contract of indemnity, all claims must be based upon the actual value of the articles at the time of the Theft, Loss or Damage, but not exceeding the sums for which they are respectively insured, due allowance being made for depreciation and wear and tear.

Full description of article	To whom does the article belonged	From whom purchased or received	Date purchased or	Price Paid	_	Deduction for wear and tear	or ar	Amount Claimed	
		(Name and Augress)	received	\$	¢	\$	¢	\$	¢
TOTAL:									
Deduction for depreciation and Wear and Tear:	nd Wear and Tear:								
Net Amount claimed:									