

Agency	Policy/	Loan Account No.				
Name of Insured						
Address of Insured						
Business or Occupation						
	Business	Home Cellphone				
E-mail Address						
1. Date and Time of Loss c	1. Date and Time of Loss or Damage Atam/pm Day of 20					
2. Address or place where I	2. Address or place where Loss or damage occurred					
3. State precisely how Loss	or damage occurred					
If loss or damage occurred	on a premises					
4. (a) State type of premis If outbuilding, type of	es, e.g. private house, flat, saleshop, etc. of construction.	(a)				
(b) Were the premises u	unoccupied or unfurnished?	(b)				
	II) have the premises been unoccupied effected or renewed?	(c)				
(d) Were the premises l	et in whole or in part?	(d)				
(e) Are you the owner o	of the premises or a tenant?	(e)				
(f) If tenant, are you resp	ponsible for repairs?	(f)				
5. (a) Who is the owner of claiming?	f the property for which you are					
another policy, e.g. a po	hich you are claiming also insured under olicy effected by you or another party or gage, Motor policy, etc? If so,					
	n have any interest in the property as Trustee, Hire Purchase or otherwise?					
6. Have you given instruction give name and address	ons for replacement or repair? If so, of repairer or contractor					
7. Have you ever before su If so, please give details	istained loss or damage of this nature?					
	resent day total value of all the property					
	ice notified and at what station?					
	who contacted the police					
(c) Police Reference Nu						
(d) If Burglary/Theft describe method of entry						
(e) If there is no evidence of Theft or of a forcible entry of the premises, has a thorough search been made for the articles missing?						
(f) If premises unoccupie last occupied?	ed, at what time and when were they last					
	OFFICIAL USE ONLY					
POLICY COVER		SUM INSURED				
		IN FORCE TO				
PREMIUM \$	PREMIUM PAID	ESTIMATE				

PLEASE NOTE :	А	The policy is a contract of INDEMNITY and subject to the Sums Insured under the policy, all claims must be based upon
		the actual value of the insured property at the time of the Theft, Loss, Damage, or Breakage (allowing for any depreciation,
		wear and tear), unless the basis of claim settlement as in the policy, or clause(s) incorporated therein, permits or stipulates
		otherwise.

B The issue of this form is not an admission of liability on the part of the Company.

COMPLETE THE APPROPRIATE SECTION(S)

BUILDINGS, FIXTURES AND FITTINGS, AND/OR BREAKAGE OF SANITARY FIXTURES (ESTIMATE REQUIRED)

Description of property destroyed or damaged	Approx. Age	Estimated cost of repair	Amount claimed

STOCK, CONTENTS, AND / OR PERSONAL EFFECTS

Household Goods - If articles can be repaired, repairers' estimates should be furnished

Trade Stocks – Invoice prices and discounts and the value of the salvage should be stated

Salvage – Must be protected from deterioration until the claim is settled

Description of item	Place and Date of purchase	Price Paid	Estimated Cost of Repair	Replacement Cost if not repairable	Deduction for wear and tear if applicable	Amount Claimed (allowing for any salvage)

BREAKAGE OF GLASS (ESTIMATE REQUIRED)

No. of panes	Position	ls glass in a conservatory, greenhouse, verandah or outbuilding	Description of Glass broken	 cm Width	Whether cracked or smashed and whether any salvage

LOSS OF MONEY

Cash	Cheques	Postal or Money Orders	Amount Claimed

I/We declare that the statements overleaf are true to the best of my/our knowledge and belief and I/We claim the amount stated above in respect of the property mentioned. I/We further declare that my/our policy conditions have been fully complied with.

Date.....