



Agency  Policy/ Loan Account No.  Claim No.

Name of Insured

Address of Insured

Business or Occupation

Telephone Business  Home  Cellphone

E-mail Address

1. Date and Time of Loss or Damage At.....am/pm Day of..... 20.....

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 premises, e.g. private house, flat, saleshop, etc. If outbuilding, type of construction.	(a)
(b) Were the premises unoccupied or unfurnished?	(b)
(c) For how long (if at all) have the premises been unoccupied since the policy was effected or renewed?	(c)
(d) Were the premises let in whole or in part?	(d)
(e) Are you the owner of the premises or a tenant?	(e)
(f) If tenant, are you responsible for repairs?	(f)
5. (a) Who is the owner of the property for which you are claiming?	
(b) Is the property for which you are claiming also insured under another policy, e.g. a policy effected by you or another party or under an All Risks, Baggage, Motor policy, etc? If so, give particulars.	
(c) Has any other person have any interest in the property as Owner, Mortgagee, Trustee, Hire Purchase or otherwise?	
6. Have you given instructions for replacement or repair? If so, give name and address of repairer or contractor	
7. Have you ever before sustained loss or damage of this nature? If so, please give details.	
8. What is the estimated present day total value of all the property insured by the above numbered policy?	
<b>COMPLETE ONLY WHERE LOST OR STOLEN</b>	
9. (a) When where the police notified and at what station?	
(b) Name of the person who contacted the police	
(c) Police Reference Number	
(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 unoccupied, at what time and when were they last last occupied?	

OFFICIAL USE ONLY	
POLICY COVER.....	SUM INSURED.....
TAKEN OUT.....	IN FORCE TO.....
PREMIUM \$..... PREMIUM PAID.....	ESTIMATE.....

