

GENERAL CLAIM FORM

Some questions may not apply to your specific loss.

If so please just indicate N/A (Not Applicable)

Acceptance of this form is not an admission of liability by the Company.

1. INSURED	NAME:..... TEL:.....(H)..... HOME ADDRESS..... CELL NO..... BUSINESS ADDRESS..... EMAIL.....
2. DATE TIME & PLACE OF LOSS & POLICE REPORT	DATE OF LOSS.....PLACE.....TIME..... WAS BUILDING OCCUPIED?.....IF NO, HOW LONG WAS IT UNOCCUPIED?..... TO WHICH POLICE STATION WAS REPORT MADE?..... POLICE REF. NO.....OFFICER NAME & FORCE NO..... WHO REPORTED TO THE POLICE?.....
3. ACCOUNT OF INCIDENT	PLEASE DESCRIBE BRIEFLY CAUSE OF THIS CLAIM.....
4. DAMAGE OR INJURY	PLEASE DETAIL EXTENT OF DAMAGE TO BUILDING/VEHICLE (NB) PROPERTY SCHEDULE NEEDS TO BE COMPLETED OVERLEAF
5. DAMAGE TO OTHER PEOPLE'S PROPERTY	NAME OF OWNER.....TEL NO..... ADDRESS..... DESCRIPTION OF DAMAGE..... IF MOTOR VEHICLE, DETAIL MAKE & MODEL.....REG NO..... HAS CLAIM BEEN MADE AGAINST YOU?.....IF SO, HOW MUCH?.....
6. GENERAL	ARE YOU THE SOLE OWNER OF DAMAGED PROPERTY? (YES/NO).....IF NOT, STATE OWNER OF PROPERTY..... ARE THERE ANY OTHER INSURANCES IN FORCE ON THE SAME PROPERTY BEING SUBJECT TO THIS CLAIM? (YES/NO)..... IF YES TO THE ABOVE, STATE NAME OF INSURERS..... HAVE YOU SUFFERED SIMILAR LOSS IN PAST 5 YEARS? (YES/NO).....IF YES, PLEASE DETAIL..... WHO, IF ANY, DO YOU SUSPECT TO BE THE CAUSE OF LOSS?.....

STATEMENT OF CLAIM - NB ALL COLUMNS MUST BE COMPLETED

[illegible]

I DECLARE ALL INFORMATION CONTAINED HEREIN TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

NAME IN FULL..... DESIGNATION.....

SIGNATURE..... DATE.....

IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT, PLEASE STATE:

BANK NAME..... BRANCH.....

ACC NAME..... ACC NUMBER.....

FOR OFFICIAL USE ONLY

AGENCY..... POLICY NUMBER.....

CLAIM NUMBER..... SUM INSURED.....

EFFECTIVE DATE OF COVER..... RENEWAL DATE.....

PREMIUM PAID (YES/NO)..... DATE PAID.....

ESTIMATE..... EXCESS.....