



CLAIM FORM FOR PROPERTY DAMAGE OR LOSS

Applicable to Fire , Special Perils, "Home" Covers, Theft, All Risk, Money Baggage and Glass
The issue of this form is not an admission of liability on the part of the Company

\*\*All questions on this form must be answered in full

POLICY NO. [redacted] RENEWAL DATE [redacted] Date of Payment of Last Premium [redacted]

SECTION 1 - PERSONAL DETAILS

- 1. Full Name of Insured [redacted]
2. Contact Details: (TEL): [redacted] ID NO: [redacted]
PIN NO: [redacted]
(Address): [redacted] (code): [redacted] (town/ city): [redacted]
3. Business or Occupation [redacted]

SECTION 2 - CIRCUMSTANCES GIVING RISE TO CLAIM

- 4. Date of Loss [redacted] Time [redacted]
5. Where loss /damage occurred [redacted]
6. Describe fully how loss or damage occurred

[redacted]

SECTION 3 - GENERAL INFORMATION

- 7. Type of premises involved. [redacted]
8. Were the premises unoccupied? If so, when were they last occupied? [redacted]
9. Are the premises self-contained? If not, name of other occupants ? [redacted]
10. Are you responsible for repairs ? -----
11. Have you any suspicion as to parties implicated ? -----
12. Is there any other insurance in force providing covers for this loss? -----
If so, give particulars including insurers name, address and policy No.

14. At the time of the loss what was the value of : (a) the building ?

[Redacted]

in the premises?

[Redacted]

(b) all the property

[Redacted]

13 Have you ever suffered similar loss or damage? \_\_\_\_\_ If so, give particulars and whether claim was made on insurers.

[Redacted]

SECTION 4  
- COMPLETE  
IN ALL  
CASES  
INVOLVING  
THEFT,

**MALICIOUS DAMAGE OR MISSING ARTICLES**

15. When were the Police notified ?

[Redacted]

[Redacted]

16. Address of Police Station

17. What other steps have you taken to recover property.

[Redacted]

18. Give full details of method of entry to premises

[Redacted]

19. If alarm is fitted, did it function properly? If not, give reasons

[Redacted]

[Redacted]

name of firm

20. Are guards employed? If so,

**SECTION 5 - COMPLETE IN CASES INVOLVING LOSS IN TRANSIT**

21. Starting point and destination of transit :

[Redacted]

22. Who was accompanying property lost ?  
If employees, state age and duties :

[Redacted]

[Redacted]

23. Are they Insured under Fidelity Guarantee Policy?  
If so, Insurers name, address and Policy No.

[Redacted]

24. How often is this transit made ?

[Redacted]

25. What is maximum ever carried at one time ?

[Redacted]

**SECTION 5 - AMOUNT CLAIMED**


