

“ALL RISKS” CLAIM FORM

BRANCH.....POLICY NO.....EXPIRY DATE.....CLAIM NO.....

1. Insured's Name and Address	Telephone No.....
2. Address of premises, or place, where loss or damage occurred. <i>(if lost from premises state whether private house, flat, hotel, sale-shop etc.</i>	
3. Full particulars of circumstances of the loss or damage. (Give details of articles on the other side hereof)	
4. (a) Date and time when loss or damage was discovered (b) By whom discovered? (c) Date and time when article(s) last seen (d) By whom last seen, and where?	
5. When was the Police notified, and at what Station?	
6. Has a thorough search been made for the article(s)?	
7. Has the loss been advertised?	
8. Have you ever before sustained – (a) Loss by theft? (b) Loss of or damage to any article of value from any other cause? (If so, please state particulars)	
9. (a) Is the property for which you are claiming insured against Burglary, Theft, Loss or Damage, with any other Insurer or Underwriter (b) If so, state particulars (c) Has any other person any interest in the property, as Owner, Mortgagee, Trustee or otherwise?	

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Date.....20.....

Insured's
Signature.....

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 the article belonged	From whom purchased or received (Name and Address)	Date purchased or received	Cost		Deduction for wear and tear	
				\$	¢	\$	¢
Total.. .. .							
Deduction for depreciation and Wear and Tear							
Net Amount claimed.. .. .							