



4-8 Trafalgar Road, Kingston 5

"PROPERTY" CLAIM FORM

POLICY No.: BRANCH/AGENCY REF.: CLAIM No.

I/We,

of (address) Telephone No.:

do hereby declare and attest that on or about * am/pm

on the day of loss, damage or

destruction was suffered by me/us at: (location)

occasioned to the best of my/our knowledge and belief due to the following:

I/We, further declare that the Property detailed overleaf and belonging to me/us, insured under the Policy No. stated above, was so lost, damaged or destroyed to the extent hereinafter claimed and is/are not covered under any other Policy of insurance effected by me/us or, to my/our knowledge, by any other person(s) **

The property lost, damaged or destroyed does/does not involve any other legal interests by way of mortgage or lien** and I/we have taken all practical steps:—

- a) to prevent further loss, damage or destruction
b) to trace/recover lost or stolen property
c) to secure the apprehension and/or conviction of any person(s) responsible for such loss, damage or destruction ***

Policy advised: Yes/No Date reported:

Address of Station and No of Officer taking report:

* If time/date or loss, damage or destruction is unknown give date such was discovered.

** Details to be provided if relevant.

*** Any loss damage or destruction involving or due to a criminal act must be reported to the Police.

Questions to be Answered by Claimant:

1. Were the premises occupied at the time of the loss, damage or destruction
If not when were they last occupied
2. At the time of the loss, damage or destruction what was the total value of:
a) the premises \$..... b) the contents \$
3. If not with this Company, with whom do you insure against fire
4. Have you ever previously sustained loss or damage due to Fire, Burglary or any other misfortune ?
If Yes give details:

Schedule of Property suffering loss, damage or destruction:

Description	Age	Repair Cost \$	Price Paid \$	Deduction \$	Amount Claimed \$
TOTAL = \$					

I/We declare that all the statements made by me/us in this Claim form and in any attachment hereto are in every respect true. I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the Policy shall be absolutely forfeited.

Date: Claimant's Signature: