

ALL RISKS CLAIM FORM

Policy No.

Claim No.

1. (a) Name of Insured
Address of Insured
(b) Telephone No.

2. Address of premises, or place, where loss or damage occurred

Address

(if lost from premises state whether private house, flat, hotel, sale-shop)

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 Date Time
(b) By whom discovered
(c) Date and time when article(s) last seen Date Time
(d) By whom last seen, and where?

5. When was the Police notified, and at what Station

Date

Police Station

6. Has a thorough search been made for the article(s) Yes No

7. Has the loss been advertised? Yes No

8. Have you ever before sustained -

(a) Loss by theft? Yes No

(b) Loss of, or damage to, any article of value from any other cause? Yes No

(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

Yes No

(b) If so, state particulars

(c) Has any other person any interest in the property, as Owner, Mortgagee, Trustee or otherwise?

Yes No

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Date

Insured's Signature _____

PLEASE COMPLETE STATEMENT OF CLAIM BELOW

An All Risks Policy being a contract of INDEMNITY, all claims must be based upon the actual value of the articles at 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			