

GENERAL CLAIMS REPORT FORM

<u>Claim No:</u>	
<u>Policy No:</u>	
<u>Expiry Date:</u>	
<u>Agent</u>	

Note: It is essential that all questions are fully answered.

Section I – Insured’s Details

1. Insured’s Name in Full: _____
2. Insured’s Occupation /Profession/Business _____
3. Tel.#: _____ 4. Fax.#: _____ Email#: _____
5. Mailing Address: _____

Section II –Details of the Incident/Event

Address of premises where the incident occurred;	Date: _____
	Time: _____
Full Particulars of incident:	
State who discovered the incident/loss: _____	
<u>Note:</u> If you are claiming for lost or stolen articles, the police must be notified immediately.	Date on which Police were notified: _____
	Name of Police Station: _____

Section III – Particulars of the Building Insured

6. Is the Building used as; Private House Sate Shop Mobile Home Flat Hotel Apartment Other _____
7. Were the premises occupied at the time of the incident (theft, burst pipe etc) Yes No If No give details _____
8. Are you the Owner of the premises? Yes No . If No, are you responsible for repairs? Yes No
9. If you are a tenant, are you legally liable under an agreement for decorations or other repairs to the building? Yes No
10. State details of any other person/party having interest in the property (Bank/Finance Co.) _____
11. State the current re-building/re-construction cost of the Building: _____
12. Are there any other insurance on the Building? Yes No . If Yes, give details including Name, Address and Policy No. of other insurers, if known _____

Section IV – Particulars of Contents/Personal Property

13. If there is no evidence of theft, or of a forcible entry of the premises, has a thorough search been made for the missing articles? Yes No
14. Are you the sole owner of the articles? Yes No . If No, give name and address of the owner _____
15. Are there any other insurances on the articles? Yes No . If Yes, give details including name, address and Policy No. of any Other insurers, if known; _____
16. State the total value of the contents of your premises at the time of the loss. US\$/ECS _____

17. Have you previously made a claim of this nature upon any company or underwriter? Yes No . If Yes, give details _____

Section V- Claim information about the Building

Specify separately each room or building damaged or destroyed and how occupied.	Age of building or damaged fixtures/fittings, water tank etc.	Date when last decorated or painted (of each room or part damaged)	Amount of contractor's/carpenter's estimate (Attach Estimate)	Deduction for betterment	Net amount of claim.

Section VI – Claim information about the Contents/Stock

Description of articles.	From whom obtained (name and address)	Date acquired	Current cost	Value of Salvage	Sum claimed

Section VII- Claim information about other contents (Personal Clothing & Valuables/Equipment, Machinery, Plant etc)

Description of items	From whom obtained (name and address)	Date acquired	Current cost	Value of Salvage	Sum claimed after deduction for age, wear and tear.

The information given in this claim form is true and correct to the best of my knowledge and belief.

.....
Insured's Signature

.....
Date

Office use only:

Claim Officer's Notes: _____