

Alliance Insurance Company (Pvt) Ltd

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THEFT AND ALL RISKS CLAIM FORM

Please state as fully and as accurately as possible the information asked for below. Acceptance of this form is not an admission of liability by the Company.

INSURED:	Name	Address				
	Telephone No. Home	Business				
	*SHOULD THE COMPANY BE LIABLE TO SETTLE TI	HIS CLAIM PLEASE TICK THE APPLICABLE				
1. DEPOSIT CHEQUE INTO:	BANK ACCOUNT NO.	BRANCH				
2. SEND CHEQUE VIA MY B	BROKERS					
GENERAL	Date of Loss	Time /am/pm				
	When and by whom was the loss discovered?					
	When was the loss reported to the police? Date:	Time/am/pm				
	Which police station	Police Ref No.				
IMPORTANT PLEASE RETURN WITHIN 14 DAYS OF DATE OF LOSS	Full names of person reporting the loss to the police					
	Have the police investigated the loss?					
	Are you the sole owner of the missing or damaged property?					
	Are there any other insurances in force upon the same property?					
	If so please state name of insurer					
	Have you ever had a previous loss by the perils insured?					
	If so please give details and name of insurer					
	Address of building					
If property was stolen from a BUILDING please state	Was it occupied at time of loss?					
	period of insurance					
	How was entry effected?					
	What damage was sustained to the building?					
	Which rooms were entered?					
	State make, type and Registration number of vehicle					
If property was stolen from a VEHICLE please state	Where was it parked at time of theft?					
	Were the doors and boot locked and windows closed?					
	How was entry gained?					
	What damage did the vehicle sustain?					
	Where in the vehicle was property left?					
If property was merely lost or is missing or is	When was the property last in your possession?					
	Where is the property normally kept?					

damaged please state	Who, apart fr	rom the owner, has access to the	he premises?						
	Whom do yo	u suspect, if anyone?							
In ALL cases please state	What was the	What was the value at the time of the loss of: (a) Contents of premises							
	(b) Clothin	(b) Clothing, baggage and personal effects belonging to you/your family							
	(i)	(i) Worn (ii) With you away from the house							
			N.B. Please answer (a	or (b) depending which is ap	oplicable.				
If Claim is for a cellular phone Please state	Cell No	Cell No. IMEI No.							
	Has line been	Has line been cancelled							
		N.B. Please supply de-activation letter from network service provider							
Please give a full desc	criptiuon of the circ	cumstances of loss:							
STATEMENT OF	CLAIM - Plea	se note that all colu	mns must be com	pleted.					
Description of article (please state serial no's. or any other		Date and Place Price Paid of purchase		Replacement Price		Amount claimed			
identifying	g marks								
		TOTALS							
					_				
				nation, including any					
nerein, is true and connection with t	he accident or	loss I/We further a	meia from the cknowledge that i	Company any information I/We	mation within my/ou have provided herein	r knowledge will induce t			
insurer to act thereo	on and according	ly declare that by sig	gning below, I/We	warrant that the infor	mation I/We have pro	ovided herein,			

its entirety, is true and correct.