

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 THIS CLAIM PLEASE TICK THE APPLICABLE**

1. DEPOSIT CHEQUE INTO: BANK ACCOUNT NO. BRANCH
2. SEND CHEQUE VIA MY 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.
 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

**IMPORTANT
 PLEASE RETURN
 WITHIN 14 DAYS
 OF DATE OF LOSS**

**If property was stolen
 from a BUILDING
 please state**

Address of building
 Was it occupied at time of loss? If unoccupied and a residence, for how many days has it been unoccupied during the current
 period of insurance
N.B. Access by domestic workers does not count as occupation.
 How was entry effected?
 What damage was sustained to the building?
 Which rooms were entered?

**If property was stolen
 from a VEHICLE
 please state**

State make, type and Registration number of vehicle
 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?

