



MISCELLANEOUS CLAIM FORM (ALL LINES EXCLUDING MOTOR)

NAME OF INSURED.....PHONE NUMBER.....

ADDRESS.....FACSIMILE NUMBER.....

POLICY NUMBER.....DATE OF LAST PREMIUM PAID.....

ADDRESS OF PREMISES WHERE LOSS WAS SUSTAINED.....

DATE OF LOSS.....

NATURE OF CLAIM.....

GIVE FULL DETAILS OF HOW LOSS OR DAMAGE OCCURRED.....

IN CASES OF LOSS PLEASE GIVE DATE AND TIME LAST SEEN.....

WHEN WAS LOSS DISCOVERED AND BY WHOM.....

HAVE POLICE BEEN INFORMED (OR OTHER ENQUIRIES MADE)?.....

IF REPORTED TO POLICE STATE:

(a) TO WHICH STATION WAS REPORT MADE:.....

(b) DATE & TIME OF REPORT.....

(c) NAME & ADDRESS OF PERSON WHO MADE REPORT.....

IN THE EVENT OF DAMAGE CAN ARTICLE/S BE REPAIRED?.....

(If so please attach repairer's estimate)

Declaration of property lost or damaged	Where purchased or acquired	Date purchased or acquired	Replacement cost price	% deduction for Depreciation	Net amount being claimed

DECLARATION: I HEREBY DECLARE THAT ALL THE INFORMATION HEREON TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

DATE..... SIGNATURE OF INSURERD.....

FULL NAME DESIGNATION

