



AGENCY..... POLICY NO..... CLAIM NO.....
 Name and Address of Insured..... Telephone No: Home.....
 Business or Occupation Business..... Cell:.....

1. Date and time of Loss or Damage	At.....am/pm on thedayof.....
2. Address or Place where Loss or Damage Occured	
3. State precisely how loss or Damage occurred	

If loss or damage occurred on a Premises 4. (a) State type of premises ,e.g. private house, flat, sales shop e.t.c. If outbuilding , type of construction (b) Were the premises, unoccupied or unfurnished? (c) For how long (if at all) have the premises been unoccupied since the policy was effected or renewed? (d) Were the premises let in whole or in part? (e) Are you the owner of the premises or a tenant? (f) If tenant, are you responsible for repairs?	(a) (b) (c) (d) (e) (f)
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5. (a) Who is the owner of the property for which you are claiming? (b) Is the property for which you are claiming also insured under another policy, e.g. a policy effected by you or another party or under an All Risks, Baggage, Motor policy, e.t.c? If so, give particulars. (c) Has any other person any interest in the property as Owner, Mortgagee, Trustee, Hire Purchase or otherwise?	(a) (b) (c)
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6. Have you given instructions for replacement or repair? If so, give name and address of repairer or contractor	
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7. Have you ever before sustained loss or damage of this nature?	
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8. What is the the estimated present day total value of all the property insured by the above numbered policy?	
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COMPLETE ONLY WHERE LOST OR STOLEN 9. (a) When were the Police notified and at what Station? (b) Name of person who contacted the Police (c) Police Reference Number (d) If Burglary/Theft describe method of entry. (e) if there is no evidence of Theft or of a forcible entry of the premises, has a thorough search been made for the articles missing? (f) If premises unoccupied, at what time and when were they last occupied?	(a) (b) (c) (d) (e) (f)
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PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF

OFFICIAL USE ONLY

POLICY..... TAKEN OUT.....
 SUM INSURED..... IN FORCE TO.....
 PREMIUM \$..... PREMIUM PAID..... CLAUSES.....
 ESTIMATE..... EXCESS.....

Call Toll Free: 0800 4244

PLEASE NOTE:- (A) The policy is a contract of INDEMNITY and subject to the Sums Insured under the policy, all claims must be based upon the actual value of the Insured property at the time of the Theft, Loss, Damage, or Breakage (allowing for any depreciation, wear and tear), unless the basis of claim settlement as in the policy, or clause(s) incorporated therein, permits or stipulates otherwise.

(B) The issue of this form is not an admission of liability by the Company.

COMPLETE THE APPROPRIATE SECTION(S)
BUILDINGS, FIXTURES AND FITTINGS AND/OR BREAKAGE OF SANITARY FIXTURES (Estimate Required)

Description of property destroyed or damaged	Approx. age	Estimated cost of repair	Amount claimed

STOCK, CONTENTS, AND/OR PERSONAL EFFECTS

Household Goods- If articles can be repaired, repairers' estimates should be furnished Trade Stocks - Invoice prices and discounts and the value of the salvage should be stated Salvage- Must be protected from deterioration until the claim is settled

Description of item(s)	Place & Date of purchase	Price paid	Estimated Cost of repair	Replacement Cost if not repairable	Deduction for wear & tear if applicable	Amount claimed (allowing for any salvage)

BREAKAGE OF GLASS (Estimate Required)

No. of panes	Position	Is glass in a conservatory, greenhouse, verandah or outbuilding?	Description of Glass broken	Size in cms		Whether cracked or smashed and whether any salvage
				Height	Width	

LOSS OF MONEY

Cash	Cheques	Postal or Money Orders	Amount claimed

I/We declare that the statements made are true to the best of my /our knowledge and belief and I/We claim the amount stated above in respect of the of the property mentioned. I/We further declare that my/our policy conditions have been fully complied with.

Date.....Signature of Claimant(s).....

WARNING: INSURANCE FRAUD IS A CRIME