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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:

Email:

Telephone - Home: Business: Cell:

GENERAL

Date of Loss:

		202
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 Time:

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 am/pm

When and by whom was the loss discovered?

When was the loss reported to the police? Date:

		202
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 Time:

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 am/pm

Which police station? Police Ref #:

IMPORTANT:
Please Return
Within 14 Days
Of Date of Loss.

Full name(s) of person(s) who reported 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:

Date Police Attended Scene:

**N.B. Access
by domestic
workers does not
count as
occupation.**

Address of Building:

Was it occupied at the time of loss?

Yes	No
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If unoccupied and a residence, for how many days has it been unoccupied during the current period of insurance?

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 Days.

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?

[illegible]

[illegible]

Date:

		202
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Signature of Insured: