



ALL RISKS CLAIM REPORT FORM

IMPORTANCE NOTICE

REMEMBER: Incomplete answers will lead to delayed processing of your claim.

INSURED	Name _____ Tel. No. _____ Address _____ Business/Occupation _____
POLICY	Number _____ Period of Insurance; From: _____ To: _____ Name of hire purchase or finance company (if any) _____
ITEM	Make & Model _____ Year of manufacture _____ Sum insured _____ Current market value allowing for ware and tear _____ Amount being claimed _____
DAMAGE/THEFT	Date of loss _____ Place of Loss _____ Circumstances of loss _____ _____

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I DECLARE that these particulars are true and correct and undertake to forward immediately (and answered) any correspondence to this accident.

Date _____ Name _____

Signature of Insured _____
(and stamp)

IMPORTANT

- 1. Please provide us with the replacement and/or repair invoices.**
- 2. In cases of theft**
 - **Please report to the police and attach a police abstract report.**
 - **Let us know the steps taken to recover property.**
 - **Let us know if you suspect any persons.**