

## **CLAIM FORM – THEFT AND "ALL RISKS"**

## Warning: Insurance fraud is a crime

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 Insurer.

Name of Insured	Occupation
Address	
Contact Person	Telephone Number
GENERAL	Date of loss
IMPORTANT PLEASE RETURN WITHIN 14 DAYS OF DATE OF LOSS	When and by whom was the loss discovered?  When was the loss reported to the police?  What is the police reference number?  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  State name of police station to which the loss was reported
If property was Stolen from a BUILDING Please state	Address of building
If property was Stolen from a VEHICLE Please state	State Make, Type and Regn. No. of vehicle  Where was it parked at time of theft?  What damage did it sustain?  Whereabouts in vehicle was property left?  Were the doors and boot locked and windows closed?  How was entry gained?
If property was Merely LOST or Is MISSING or is DAMAGED Please state In ALL CASES Please state	When was the property last in your possession?  Where is the property kept normally?  Who apart from the owner has access to the premises?  Whom do you suspect, if anyone?  What was the value at the time of the loss of  (a) the contents of the premises?  (b) clothing baggage and personal effects belonging to you/your family being worn or being carried by you/your family?



Please describe below the full circumstances of the loss and complete the statement of claim below:							
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						
NB: Attach the Police Report to this claim form.							
STATEMENT OF CLAIM Please note that all columns must be completed							
Description of article (please state serial numbers or any other identifying marks).	Date of Purchase	Where Purchased	Replacement Price	Deduction for fair wear & tear	Amount claimed		
	TOTALS						
I/ We hereby declare that the abo		nd facts are true a	nd that I/We have	not withheld fro	om the		
Insurer any information within m							
Date:	Signa	nture of Client:					

