



CONSUMERS
GUARANTEE
INSURANCE

Claim No.....

CLAIM FORM
FIRE & EXTRANEIOUS PERILS

NAME OF INSURED.....

ADDRESS OF INSURED.....

POLICY NUMBER..... ISSUED BY.....

AT..... BY.....(AGENTS)

AN ANSWER IS REQUIRED FOR EACH OF THE FOLLOWING QUESTIONS

(a) What was the nature of the occurrence (e.g. "Fire") and when did it take place?	At.....a.m/p.m Date.....
(b) At what address did it take place?	
(c) For what purposes were the premises being used at the date of occurrence?	
(d) Describe briefly what happened and the resultant damage, and state what you believed caused it to happen.	
(e) Were the premises and their occupation at the time exactly as described in the Policy? Had any element of risk been introduced which was not allowed by the Policy?	
(f) Is the claimant the sole owner of the property damaged or destroyed? If not, state full particulars of any other interest.	
(g) Were there at the time of the occurrence any other existing insurances on the said property, with any other company or insurer, whether effected by the claimant or by any other person? If so, state full particulars. If not, please write "No".	
(h) Give dates of any previous claims of a similar nature you have made in connection with these or any other premises, and state the amount of the loss. If none, please write "None".	

THE DETAILS REQUIRED OVER-LEAF MUST BE GIVEN

I/We..... of
do hereby declare that the particulars supplied in this form are true in every respect, and that I/We have withheld no information Material to the Claim, and I/We hereby claim for loss or damage as set out in the schedule hereto, amounting to \$..... And I/We hereby declare that no other person has an interest in the said property and that it is not otherwise insured.

Date.....

.....

Signature of Insured

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If the Claim be in respect of BUILDINGS, the Claim must be accompanied by the Builders’ Estimates, obtained at Insured’s own expense, of the Cost of putting the Building into the same state as it was immediately before the occurrence – no contemplated improvements may be included in such estimate.

If the Claim be for CONTENTS, a full list of the articles destroyed or damaged must be given and against each item must be declared: -

1. Their Original Cost Price.
2. Their value immediately before the occurrence (after making due allowance for “wear and tear”).
3. Their value (if any) after the occurrence, or “Value of Salvage”.
4. The difference between 2 and 3, which will be the net amount of loss sustained.

In case of Claims for STOCKS – IN – TRADE, C O S T P R I C E S (after deduction of all Discounts and Trade Allowances for Cash payments) are alone recognized in estimating sound values.

Item No.	Description of Items	Cost Price of Property or Articles Damaged or destroyed		Date of Purchase	Estimated Value at the time of the loss		Value of the Salvage		Net amount claimed after deduction of such salvage.	

PLEASE APPEND ADDITIONAL SHEET, IF NECESSARY.

P.T.O