



**GUARDIAN GENERAL**  
INSURANCE LIMITED

Claim No. ....

**CLAIM FORM**  
**FIRE & EXTRANEIOUS PERILS**

NAME AND ADDRESS OF INSURED .....

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

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

**AN ANSWER IS REQUIRED TO EACH OF THE FOLLOWING QUESTIONS**

|   |                                  |
|---|----------------------------------|
| (a) What was the nature of the occurrence (e.g., "Fire") and when did it take place?  | At ..... p.m.   on .....<br>a.m. |
| (b) At what address did it take place?  |                                  |
| (c) For what purposes were the Premises being used at date of occurrence?   |                                  |
| (d) Describe briefly what happened and the resultant damage, and state what you believe caused it to happen.  |                                  |
| (e) Were the Premises and their occupation at the time of the occurrence exactly as described in the Policy?<br><br>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?<br><br>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 affected by the Claimant or by any other person?<br><br>If so, state full particulars. If not, please write "No". |                                  |
| (h) Give details 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.<br><br>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 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 two Builders' Estimates, obtained at Insured's own expense, of the Cost of putting the Building into the same state as it was in 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. – The 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, COST PRICES (after deduction of all Discounts and Trade Allowances for Cash Payments) are alone recognized in estimating sound value.

| 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 |
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