



Policy Number
Branch or Agent

A. INSURED DETAILS

Mr. Mrs. Ms.
Home Address (Street, Parish, Country)
Telephone (h) Cell No.
Business Address (Street, Parish, Country)
Trade or Occupation (if more than one, state all)
Situation premises or place where loss or damage occurred
Date of loss or damage (DD/MM/YY)
Time (HH/MM) AM PM

Explain fully the loss or damage occurred

B. ADDITIONAL QUESTIONS FOR THEFT BURGLARY MONEY AND ALL RISK CLAIMS

When was the loss or damage discovered?
Date (DD/MM/YY) Time (HH/MM) AM PM
By whom was the discovery made?
When was the property last seen?
Date (DD/MM/YY) Time (HH/MM) AM PM
By whom was it last seen?
When were the Police notified?
Date (DD/MM/YY) Time (HH/MM) AM PM
Address of Police Station
Have any other steps been taken to recover the property? YES NO

C. PLEASE ANSWER THE FOLLOWING QUESTION IF THE CLAIM IS IN RESPECT OF A THEFT AT YOUR OWN PREMISES

\$ Total value of contents of premises at time of theft?
Are the premises, or any part, let or sublet?
How many nights have the premises been unoccupied during the past year?
Was anyone in the premises at the time of the theft?
If so, please give names and addresses
What steps have you or are you taking to prevent recurrence?

