



THEFT AND ALL RISKS CLAIM FORM

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 Company.

INSURED: Name Address Telephone No. Home Business.... ..

GENERAL Date of LossTime /am/pm

When and by whom was the loss discovered?

When was the loss reported to the police? Date:.....Time/am/pm

Which police station Police Ref No.

IMPORTANT Full names of person reporting the loss to the police

PLEASE RETURN WITHIN 14 DAYS OF DATE OF LOSS

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

Address of building

Was it occupied at time of loss? If unoccupied and a residence, for how many days has it been unoccupied during the current period of insurance

If property was stolen from a BUILDING please state N.B. Access by domestic workers does not count as occupation.

How was entry effected?

What damage was sustained to the building?

Which rooms were entered?

State make, type and Registration number of vehicle

Where was it parked at time of theft?

If property was stolen from a VEHICLE please state

Were the doors and boot locked and windows losed?.....

How was entry gained?.....

What damage did the vehicle sustain?

