

"ALL RISKS" CLAIM FORM

Policy No _____ **Expiry Date** _____ **Claim No** _____

<p>1. Insured's Name and Address Telephone No _____</p>	
<p>2. Address of premises, or place, where loss or damage occurred <i>(If lost from premises state whether private house, flat, hotel, sale-shop, etc.)</i></p>	
<p>3. Full particulars of circumstances of the loss or damage <i>(Give details of articles overleaf)</i></p>	
<p>4. (a) Date and time when loss or damage was discovered (b) By whom discovered? (c) Date and time when article(s) last seen (d) By whom last seen, and where?</p>	
<p>5. When were the Police notified, and at what Station?</p>	
<p>6. Has a thorough search been made for the article(s) ? Yes No</p>	
<p>7. Has the loss been advertised? Yes No</p>	
<p>8. Have you ever before sustained - (a) Loss by theft? Yes No (b) Loss of, or damage to, any article of value from any other cause? Yes No <i>(If so, please state particulars)</i></p>	
<p>9. (a) Is the property for which you are claiming insured against Burglary, Theft, Loss or Damage, with any other Insurer or underwriter? (b) If so, state particulars</p>	

I declare that the foregoing statements are true to the best of my knowledge and belief; that the articles and property described overleaf were stolen, lost or damaged under the circumstances described above; and that such articles and property belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee Trustee or otherwise.

DATE.....20.....

INSURED'S SIGNATURE {

