

All Risks Claim Form

Policy No: _____

1. Insured's Name and Address	Telephone No.				
2. Address of premises or place, where loss occurred (If lost from premises state whether private house, flat, hotel, sale-shop, etc)					
3. Full particulars of circumstances surrounding the loss (Give details of articles on the other side hereof)					
4. a) Date and time when loss when discovered b) By whom was loss discovered? c) Date and time when article(s) last seen d) By whom last seen, and where?					
5. When were the Police notified, and at what Station?					
6. Has a thorough search been made for the article(s)?					
7. What steps have been taken to recover the loss?					
8. Have you ever before sustained- a) Loss by theft? b) Loss of or damage to, any article of value from any other cause? (If so, please state particulars)					
9. Are there any other insurance on the same property? If so, give full particulars	<table border="0"> <tr> <td><u>Insurance Co</u></td> <td><u>Policy No</u></td> <td><u>Period of Insurance</u></td> <td><u>Amount Insured</u></td> </tr> </table>	<u>Insurance Co</u>	<u>Policy No</u>	<u>Period of Insurance</u>	<u>Amount Insured</u>
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I/We declare that the foregoing statements are true to the best of my/our knowledge and belief that the article and property described on the other side hereof were stolen, lost or damaged under the circumstances above described; and that such article and property belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Date _____

Signature of Insured _____

PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF.

