

## ALL RISKS CLAIM FORM

*The issue and acceptance of this form is not an admission of liability on the part of the company*

Policy Number			
Name			
Address			
Contact No:			Email:
Address of premises/place where loss occurred			State type of premises e.g. private house, hotel, shop etc
Full particulars of circumstances surrounding the loss  (Details of the article to be given on page 2)			
Date loss discovered:			Time loss discovered:
By who was the loss discovered?			
Date article(s) were last seen:			Time article(s) were last seen:
Name of person who has last seen the article(s) & where			
Has a thorough search been made for the article(s)? YES / NO			
When were the Police notified?			
Which Police station?			
What steps have been taken to recover the loss?			
Have you ever before sustained;			
(a) Loss by theft? YES / NO		If YES please state particulars below	
(b) Loss of/damage to any article of value from any other cause? YES / NO		If YES please state particulars below	
Is there any other insurances on the same property? YES / NO		If YES pls. give full particulars	
<b>Insurance Company</b>	<b>Policy Number</b>	<b>Period of Insurance</b>	<b>Amount Insured</b>

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

Name of Insured: \_\_\_\_\_ Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF CLAIM**

An All Risks Policy being a contract of INDEMNITY, all claims must be based upon the actual value of the articles at the time of the Theft, Loss or Damage, but not exceeding the sums for which they are respectively insured, due allowance being made for depreciation and wear and tear.

Full description of article Lost/Damaged	To whom the article belonged	From whom purchased/received (Name & Address) Receipts should be attached for perusal	Date Purchased Or Received	Cost	Deduction For Wear & Tear
Total				\$	
Deduction for Depreciation, Wear and Tear				\$	
Net Amount claimed				\$	