

BRANCH: STAFF NAME: 1. Name of insured: 2. Policy Number: 3. Address: 4. Phone Number: 5. E-mail Address: 6. Location of premises where loss occurred: 7. Date & Time of Loss / Damage 8. What was the cause of Loss/ Damage: 9. Are you the sole owner of the property destroyed or damaged: 10. Is there any Mortgage /Interest on the Property: 11. Were you there at the time of occurrence any other insurances in force on the property,  
whether effected by you or any other person: 

12. What was the total value of the property insured by the policy at the time of loss?

a. Building(s) b. Contents 

13. Have you previously claimed against any insurer in respect of risk covered by this policy?

If yes, give details **DECLARATION**

I/We declare that the above is a full and accurate statement and that the sum claimed for the property detailed overleaf represents the true amount of the loss.

Signature of Insured:..... Date:.....

**INSTRUCTIONS TO BE OBSERVED**

All damaged properties must be protected from further deterioration and should not be disposed off until permission is given by the company or its Loss Adjusters.

Buildings: The Claim Form should be accompanied by a tradesman's detailed estimate. Due allowance should be made for age and deterioration and cost of contemplated improvements should not be included.

Furniture, stock & other contents: A list of articles destroyed or damaged should be detailed below:  
As the policy is a contract of Indemnity the amount claim must be upon then actual value at the time of loss.

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