



**ALL RISK
INSURANCE**

CLAIM FORM

(Company does not admit liability by the issuance of this form)

- 1. Policy Number -----
- 2. Name of Insured -----
- 3. Address of the Insured -----
- 4. E- mail address -----
- 5. Mobile number -----
- 6. Name of Claimant -----
- 7. Period of Cover -----
- 8. Date & Time of loss -----
- 9. Give full description of loss or damage -----

- 10. Are there Witnesses? If Yes, please give names, profession & addresses -----

- 11. Which Police station was contacted? -----
- 12. Is there any suspect? -----
- 13. Give full description/specification of loss/damaged items, e.g. model,
manufacturer -----

- 14. Sum Insured ----- Estimate of loss -----
- 15. Please give details of any other insurance cover on the loss/damaged item-

Declaration

I ----- do hereby declare that the information given above is true and correct to the best of my knowledge. I further declare that the property for which this claim is made belongs to me and no other person has interest in it, whether as Owner, Mortgagee or Trustee.

Signature ----- Date -----

Witness

Name ----- Address -----

Signature ----- Date -----