

FIRE/ LIGHTNING/ STORM/ ENGINEERING CLAIM FORM

This form is sent whenever a loss is intimated. It must be completed and returned within 10 days of receipt.
All questions must be answered fully. Dashes are not sufficient. Please use BLOCK LETTERS
(Where questions require a "Yes" or "No" answer, tick the appropriate box)

Issued by
From (office)
Date issued

Policy Number

PREMIUM PAYMENT

Paid to :

Date:

1. INSURED (as in policy)	Full Names (Mr./Mrs./Miss)	Surname/Family Name	
1.1 Present occupation and position			
1.2 Full residential address		E-mail	
1.3 Full Business Address			
1.4 P O Box/Telephone Numbers	P O Box Number	Business Telephone	Home Telephone

2 ALL CLAIMS - other than electrical equipmt.	For how many days has the building concerned been continuously unoccupied?	_____ Days
2.1 Date of Loss	Time _____ a.m./p.m.	
2.2 Where did damage occur?		
2.3 Where can damaged property be inspected?		
2.4 Is the damaged property covered by any other Insurer?		
2.5 Does anyone else have an interest in the damaged property?		

3 THE CIRCUMSTANCES	REPORT	
3.1 Describe how loss occurred (REPORT)		
3.2 Time: Date: _____ a.m./p.m.		
3.3 When first Discovered?	(Continue on separate page if necessary)	
3.4 Whom do you believe was responsible and why?		
3.5 Details of report to the Police.	Reported by whom?	To whom/Which Police Station ? Time _____ Date _____ a.m./p.m.

4 ELECTRONIC EQUIPMENT	General description of property/loss concerned	Estimated total value at time of loss \$
4.1 Describe the equipment damaged		
4.2.1 How old is the equipment?		
4.2.2 When was motor last reconditioned?		
4.2.3 By whom was it reconditioned?		
4.3 When was it installed?		
4.4 Where was the equipment housed? Tick whichever is applicable	a) In a building <input type="checkbox"/> b) In the open <input type="checkbox"/> c) Under a shelter <input type="checkbox"/> d) Submersible <input type="checkbox"/>	
4.5 Are there any surge arrestors fitted to protect the equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please give details
4.6 Was the equipment in use at the time of the loss/ damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", when was it last in use?

5 DECLARATION

I hereby declare as the named Insured/Authorised representative of the named Insured that the property enumerated in the 'Statement of Claim' overleaf and insured under the said Policy, was, to the best of my/our Knowledge and belief stolen/lost/damaged/destroyed in the manner described above. I/we further declare that all the foregoing particulars are true and correct and I/we undertake to render to the Insurance Company every assistance in my/our power in dealing with this matter.

DATE: _____

SIGNATURE OF POLICYHOLDER _____

STATEMENT OF CLAIM

N.B. The amount to be claimed on any article is limited to the actual intrinsic value.
 It is the insured's responsibility to prove the loss and an effort must be made to obtain all the details.
 UNLESS THE INFORMATION REQUESTED IS SUPPLIED IN FULL THE CLAIM MAY NOT BE ENTERTAINED.

ITEM NO.	DETAILED DESCRIPTION OF EACH ARTICLE	DATE PURCHASED	COST WHEN PURCHASED?	PRICE IN ORIGINAL CURRENCY	DEDUCTION FOR WEAR AND TEAR	AMOUNT CLAIMED VALUE AT TIME OF LOSS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

Continue on separate sheet if necessary.

DATE _____ SIGNATURE OF POLICYHOLDER _____