

GENERAL CLAIM FORM (NON-MOTOR) 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
THE PREMIUM	Paid to :	Date:

1. THE 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 THE INSURED RISK	For how many days has the building concerned been continuously unoccupied?		_____ Days
2.1 Have you suffered any previous loss/theft/damage whether the subject of an insurance claim or not?	Yes	<input type="checkbox"/>	If "Yes", please give details
	No	<input type="checkbox"/>	
2.2 Has the insured risk altered in any material aspect since inception?	Yes	<input type="checkbox"/>	If "Yes", please give details
	No	<input type="checkbox"/>	
2.3 Is the subject of claim insured by any other policy? If so give policy number and Company	Yes	<input type="checkbox"/>	If "Yes", please give details
	No	<input type="checkbox"/>	

3 THE PROPERTY/LOSS	General description of property/loss concerned		Estimated total value at time of loss \$
3.1 Brief details of damage to, or loss of insured item involved	ALL DAMAGED PROPERTY MUST BE KEPT FOR INSPECTION AND SALVAGE.		
3.2 Estimated cost of repairs and where available for inspection			
3.3 Have any of the items since been replaced or recovered	Yes	<input type="checkbox"/>	If "Yes", please give details
	No	<input type="checkbox"/>	
3.4 Are all items owned by the Insured?	Yes	<input type="checkbox"/>	If "No", please give details
	No	<input type="checkbox"/>	
3.5 Are any Contracts, Agreements, Leases or Conditions involved?	Yes	<input type="checkbox"/>	If "Yes" please give details
	No	<input type="checkbox"/>	
3.6 Address where loss occurred			Telephone Number

4 THE CIRCUMSTANCES	REPORT		
4.1 Describe how loss occurred (REPORT)			
4.2 Time: Date: _____ a.m./p.m.			
4.3 When first Discovered?			
4.4 Whom do you believe was responsible and why?			
4.5 If theft, describe precise means of entry/exit	In all cases of suspected theft, the Police must be advised		
4.6 Details of report to the Police.	Reported by whom?	To whom/Station ?	Time
			Date _____ a.m./p.m.

4DECLARATION

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 Alliance Insurance Company (Private) Limited every assistance in my/our power in dealing with the 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	PURCHASED FROM ?	COUNTRY OF ORIGIN	PRICE IN ORIGINAL CURRENCY	ALLOWANCE DEDUCTIBLE FOR DEPRECIATION	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 _____