

<p><b>THEFT &amp; ALL RISKS CLAIM FORM</b></p> <p>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)</p>	Issued by From (office) Date issued  Policy Number	
<b>THE PREMIUM</b>	Paid to :	Date:

<b>1. THE INSURED</b> (as in policy)	Full Names (Mr./Mrs./Miss)	Surname/Family Name
1.1 Present occupation and position	E-mail	
1.2 P O Box/Telephone Numbers	P O Box Number	Business Telephone
		Home Telephone

<b>2. THE CIRCUMSTANCES</b>	<b>PLEASE WRITE REPORT HERE</b> ↓	
2.1 Describe how loss occurred →		
2.2 Time: Date: _____ a.m./p.m.		
2.3 When first Discovered? Date: _____	<b>(Continue on separate page if necessary)</b>	
2.4 Whom do you believe was responsible and why?		
2.5 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 ? Date _____ a.m./p.m. Time

<b>3. Where property was stolen from a <u>BUILDING</u></b>	For how many days has the building concerned been continuously unoccupied?	_____ Days
3.1 Address of the building		
3.2 How was entry effected?		
3.3 What damage was caused to the building?		
3.4 Which part of the building did the thieves enter?		

<b>4. Where property was stolen from a <u>VEHICLE</u></b>	General description of property stolen	Estimated total value at time of loss \$
4.1 State make, type and Reg. No. of the vehicle concerned		
4.2 Where was the vehicle parked at the time of the theft?		
4.3 What damage did the vehicle sustain?		
4.4 Where exactly (in the vehicle) had the property been left?		
4.5 Were the doors and boot locked and windows closed?		
4.6 How was entry gained?		

<b>5. If property was merely <u>LOST</u>, is <u>MISSING</u>, or is <u>DAMAGED</u>, please state</b>		
5.1 When was the property last in your possession?		
5.2 Where is this property normally kept?		
5.3 Who, apart from the Insured, has access to the premises?		

**6. 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 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	WHERE PURCHASED	PRICE PAID	REPLACEMENT PRICE	DEDUCTION FOR DEPRECIATION	AMOUNT CLAIMED
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19							

Continue on separate sheet if necessary.

DATE \_\_\_\_\_ SIGNATURE OF POLICYHOLDER \_\_\_\_\_