



General Insurance

Issuance of this form does not constitute admission of Liability.

“ALL RISKS” INSURANCE CLAIM FORM

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY

1.	Name and Address	:	
2.	Date of Loss/Accident/Time/Place:		
3.	Description of Loss or Damage	:	
4.	Cause of Loss or Damage	:	
5.	If by Theft	:	
	a) Time and Day		
	b) How Committed		
	c) By whom discovered and when		
	d) Have Police been notified, if so, when & results of Police Investigations, if any		
6.	Are you insured against the present loss under any other Policy?		
7.	<u>Item Lost (Year/Make/Model)</u>	<u>Original Purchase Value</u>	<u>Amount Claimed</u>
	i)		
	ii)		

I declare that foregoing statement are true to the best of my knowledge and belief; that the articles and property described on the other side hereof were lost/stolen or damaged under the circumstance above described, and that such articles and property belong to the persons named, no other person having any interest therein whether as owner, Mortgagee, Trustee or otherwise.

Place:

Date:

Insured's Signature