



This form should be completed and returned within 7 days of this receipt by the Insured.

Particulars Of Claim

Reference No []

Name of Insured in full []
Tel No [] Policy No [] Date of Payment of last premium []
Business Address []
Private Address []

1. (a) State whether the property was stolen, lost or damaged [] Stolen [] Lost [] Damaged
(b) If stolen, do your suspicions rest on anyone, and if so whom? []
(c) When and where was the property last seen []
2. On what date and time was the theft, loss or damage discovered and by whom? []
3. State the circumstances under which the theft loss or damage took place []
4. Are you the sole owner of the property? [] Yes [] No
If not, give name of owner []
5. If the claim is in respect of any article not separately mentioned, give the number of the Policy item and the present value of all the property to which that item applies. Policy Number [] Value []
6. Date reported to Police [] By whom reported [] Name of Police Station []
7. Are the other insurances on the same property? [] Yes [] No
8. Have you previously sustained any theft or loss of or damage to property? [] Yes [] No
Was a claim made upon any company or underwriters? [] Yes [] No
If so, give name, date, nature of loss and amount paid. []

I HEREBY WARRANT the truth of the foregoing statements. Signature: [] Date: []

NOTE: - PLEASE COMPLETE THE FOLLOWING

SCHEDULE OF ARTICLES STOLEN

Table with 8 columns: Full Description Of Articles Lost, Stolen Or Damaged; State To Whom Articles Belonged; From Whom Obtained (Name And Address); Date Purchased Or Acquired; Net Cost Price; Deduction For Age, Use or Wear and Tear; Sum Claimed; Remarks

