

## Property All Risk Claim Form

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please answer all questions and give complete details of information asked for. Where the space provided is insufficient, a separate sheet(s) should be attached.
- Please return this form, duly completed and signed, within 3 days from the date of receipt of this claim form.

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|--|--|
| Policy details:  |  |
| Number   |  |
| Period of Insurance  | From <span style="float: right;">To</span> |
| Type   |  |
| Details of Insured:  |  |
| a) Name of the insured in full   |  |
| b) Address of insured  |  |
| c) Details of the company's business activity, and number of years operating   |  |
| Details of incident:   |  |
| a) Day, date, & time   |  |
| b) Cause of loss   |  |
| c) If fire loss, where did the fire originate  |  |
| d) Details of loss   |  |
| e) Full Address of the premises  |  |
| f) Which part of the premises was affected?<br>(Please attach a sketch showing place of occurrence and affected area)                    |  |
| g) Whether security staff were present in the premises at the time of loss?  |  |
| h) Whether firefighting facilities were used to fight fire?  |  |
| i) When did you lodge a written complaint with the fire authorities of the fire? Attach copy of the complaint and police report          |  |
| j) When did you lodge a written complaint with the police authorities about the incident? Attach copy of the complaint and police report |  |
| k) Are you the sole owner of the property stolen?  |  |

|   |                   |
|---|-------------------|
| l) Attach incident report on the sequence of events, signed by authorized signatory                                 |                   |
| m) Any witness to the incident? If so, please attach witness statement  |                   |
| n) Give details of previous instances when a similar loss had occurred involving the same location/premises         |                   |
| o) Details of items damaged/destroyed   | (As per Annexure) |
| p) Was any property recovered through the police or directly? If yes, please give details                           |                   |
| q) Is there any other insurance against fire and allied perils upon the same property? If so, give full particulars |                   |
| r) Improvements proposed or actioned to avoid a recurrence  |                   |

**DECLARATION:**

- 1) I/We the above named being insured under the above policy do hereby declare and set forth that an incident covered by the said policy occurred at the above-described premises/location in the manner stated and the items/articles detailed in the list attached and valued at sum of \_\_\_\_\_ were lost, damaged or destroyed.
- 2) I/We do further declare that no other person has any interest in the said property, whether as owners, mortgagee, trustee or otherwise, and that it is not otherwise insured against fire risk, with this or any other office, except as above stated.
- 3) I/We do further declare that to the best of my/our knowledge & belief that the information provided on this form is true & correct.

Signature of the Insured: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp: \_\_\_\_\_