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## **GENERAL LOSS CLAIM FORM**

**NB: ALL CLAIMS NOTIFIED ARE SUBJECT TO THE PREMIUM PAYMENT WARRANTY**

Please answer every question here and overleaf and thus avoid delay in the settlement of your claim

**Policy No.:** .....

**Claim No.:** ..... **Premium Payment Receipt No/s.:** .....

**THE ISSUE OF THIS FORM DOES NOT IMPLY ADMISSION OF LIABILITY ON THE PART OF THE INSURANCE COMPANY.**

1. Name of Insured:	
2. Postal & Physical Address:	
3. E-mail Address:	
4. Occupation:	
5. Contact Numbers: Office Home Mobile Fax	
6. Time and date of loss or discovery of loss.	
7. When was the property last seen?	
8. Location/Situation at which the loss occurred	

9. And please give the name of the contact person and their contact numbers. (for the purpose of inspection/ visit by the insurance company/ their agents)	
10. For what purpose were the premises used at time of loss?	
11. Cause of loss and who discovered the loss.	
12. State fully the circumstances under which the loss arose.	
13. Give the date that the police were informed of the loss or damage and the name of the police station.	
14. If loss was due to negligence of another party, please give name and address	
15. Has any other party an interest in the property? If so, give name (If building is damaged, state name of mortgagee)	

16. Is there any other insurance covering the property lost? If so, give name of insurance company.	
17. Give estimate total value of property lost or damaged.	
18. And give estimate total value of all property insured.	
19. Have you or any member of your family ever suffered loss or damage by fire, burglary or any other cause? If so, please give full details together with the name of any insurance company who dealt with the loss.	

I/We solemnly declare that I/We have suffered loss or damage to the property enumerated on the hereof and that the said property was in my/our possession immediately prior to the said loss, which solely as a result of the operation of a peril insured by the above policy.

Signature:.....

Full Name: .....

Designation: .....

Date: .....

**STATEMENT OF CLAIM**

Please note:

If the claim is in respect of stock in trade, a full list of the articles must be given together with the cost price for the replacement of these stock items and not the selling price of the articles concerned.

If the claim is in respect of household goods or personal effects the amount to be claimed on any one article must be limited to the intrinsic value at the time of the loss subject to any limit stated in the policy.

<b>Number of articles</b>	<b>DESCRIPTION</b>	<b>When and where bought</b>	<b>Replacement value</b>	<b>Deduction for age, use or wear and tear</b>	<b>Amount claimed</b>