

# COLONIAL FIRE & GENERAL INSURANCE COMPANY LTD.

## THEFT OR LOSS CLAIM FORM

Branch ..... Policy No: ..... Expiry Date. .... Claim No: .....

<p>1. Insured's name and address (including Postal Code)</p> <p>Occupation</p>	<p>Telephone No. ....</p>
<p>2. Address of premises or place where theft, loss or damage occurred</p>	
<p>3. (a) Date and time when loss or damage discovered</p> <p>(b) By whom discovered?</p> <p>(c) Full particulars of how the loss or damage occurred</p> <p>(Give details of loss or damage overleaf)</p>	
<p>4. When were the Police notified and what Station?</p>	
<p>5. If there is no evidence of theft or of a forcible entry of the premises, has a thorough search been made for the articles missing?</p>	
<p>6. In the case of theft from premises</p> <p>(a) State whether private house, sale-shop, flat, hotel, etc.</p> <p>(b) Were the premises occupied at the time of the theft?</p> <p>(c) If not, on what date and at what hour were they last occupied?</p> <p>(d) For how long have the premises been unoccupied since the Policy was effected or last renewed?</p> <p>(e) Are you the Owner of the premises or responsible for repairs?</p>	
<p>7. Have you ever before sustained a loss of this nature?</p> <p>(If so, please give particulars)</p>	
<p>8. (a) Is the property for which you are claiming insured elsewhere e.g. under an All Risks, Baggage, Motor, Golfers policy, etc.?</p> <p>(b) If so, please give particulars</p> <p>(c) Has any other person any interest in the property as Owner, Mortgagee, Trustee or otherwise?</p>	

The information given in this claim form is true and correct to the best of my knowledge and belief.

Date .....

Insured's Signature .....

**PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF**

The Policy being a contract of INDEMNITY all claims must be based upon the actual value of the articles at the time of the Theft or Loss, subject to the Sum Insured under the Policy, due allowance being made for depreciation and wear and tear.

Full description of missing article or property damaged	To whom the article or property belonged	From whom purchased or received (Name and address)	Date purchased or received	Cost \$	Deduction for depreciation and wear and tear \$
		<b>TOTAL</b>			
		<b>Deduction for Depreciation and Wear and Tear</b>			
		<b>Net Amount claimed</b>		\$	