



"ALL RISKS" CLAIM FORM

Registered Office: 11 & 13 Milling Ave., Sea Lots, Port of Spain, Trinidad, W.I., P.O. Box 283
 Cable Address: ANCHORGEN Telex: 22280, Tel. No: 625-8013, 623-0868, 623-0869, 624-0576

Branch Policy No. Expiry Date Claim No.

1. Insured's Name and Address	Telephone No.
2. Address of premises, or place, where loss or damage occurred <i>(If lost from premises state whether private house, flat, hotel, sale-shop, etc.)</i>	
3. Full particulars of circumstances of the loss or damage <i>(Give details of articles on the other side hereof)</i>	
4. (a) Date and time when loss or damage was discovered? (b) By whom discovered? (c) Date and time when article(s) last seen (d) By whom last seen and where?	
5. When were the Police notified, and at what Station?	
6. Has a thorough search been made for the article(s)?	
7. Has the loss been advertised?	
8. Have you ever before sustained - (a) Loss by theft? (b) Loss of, or damage to, any article of value from any other cause? <i>(If so, please state particulars)</i>	
9. (a) Is the property for which you are claiming insured against Burglary, Theft, Loss or Damage, with any other insurer or underwriter? (b) If so, state particulars	

I declare that the foregoing statements are true to the best of my knowledge and belief; that the articles and property described on the other side hereof were stolen, lost or damaged under the circumstances 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.

DATE19 INSURED'S SIGNATURE {

PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF