



Claim No.....

CLAIM FORM
FIRE & EXTRANEIOUS PERILS

NAME AND ADDRESS OF INSURED:

POLICY NUMBER.....ISSUED BY.....

AT..... BY..... (AGENTS)

AN ANSWER IS REQUIRED TO EACH OF THE FOLLOWING QUESTIONS

<p>(a) What was the nature of the occurrence (e.g., "Fire") and when did it take place ?</p>	<p>At.....p.m. a.m. on.....</p>
<p>(b) At what address did it take place ?</p>	
<p>(c) For what purposes were the Premises being used at date of occurrence?</p>	
<p>(d) Describe briefly what happened and the resultant damage, and state what you believe caused it to happen.</p>	
<p>(e) Were the Premises and their occupation at the time of the occurrence exactly as described in the Policy? Had any element of risk been introduced which was not allowed by the Policy ?</p>	
<p>(f) Is the Claimant the Sole Owner of the Property damaged or destroyed ? If not, state full particulars of any other interest.</p>	
<p>(g) Were there at the time of the occurrence any other existing Insurances on the said Property, with any other Company or Insurer, whether effected by the Claimant or by any other person ? If so, state full particulars. If not, please write "No."</p>	
<p>(h) Give dates of any previous claims of a similar nature you have made in connection with these or any other premises, and state the amount of the loss. If none, please write "None."</p>	

THE DETAILS REQUIRED OVER-LEAF MUST BE GIVEN

I/We of
do hereby declare that the particulars supplied in this form are true in every respect,
and that I\We have withheld no information Material to the Claim, and I\We hereby
claim for loss or damage as set out in the schedule hereto, amounting to \$.....
and I\We hereby declare that no other person has an interest in the said property
and that it is not otherwise insured.

Date.....

.....
Signature of Insured

