

Miscellaneous Claim Form

1) THE INSURED

Name
 Date of Birth Marital Status
 ID Number Title
 Residential Address
 Business Address
 Telephone Business Home Occupation
 Email Address

(2) THE LOSS

- a) Address at which the loss or damage occurred
- b) When did the loss or damage occur? Date Time
- c) Describe fully how the loss occurred
- d) Have you previously suffered a loss? Full description of previous claims/losses
- e) Were the premises occupied at the time of loss/damage? If not, when last was it occupied?
- f) How were the premises occupied at the time of loss/damage?
- g) Was the loss/damage reported to the police? If not why?..... If yes when?
 Police stationRef
- Investigating Officer..... Rank
- h) Are you the sole owner of the lost/damaged property? If not give full particulars of other parties concerned.
- i) Is there a bond on the property? Name of bond holder.....
- j) What is your estimate value of the entire contents at the time of loss/damage? \$
- k) What is your estimate value of the building(s) at the time of loss/damage? \$
- l) Type of roof on the building(s)
- m) Is the lost /damaged property insured under any other policy? If so give full particulars

3 DECLARATION

I/We warrant the truth of the answers to the above questions and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the stated occurrence.

Signed at this (date) of (Month) Year

Signature of Insured