

GENERAL CLAIM FORM (all risks, householders, homeowners)

| | | | | | |
|--------------------------------------|--|---------------|--|-----------------|--|
| Insurer | | Policy Number | | Claim Number | |
| Insured Name | | | | ID Number | |
| Occupation / Business | | | | Day Time Tel No | |
| Address | | | | | |
| Address where loss / damage occurred | | | | | |

| | | | |
|------|--|------|--|
| Date | | Time | |
|------|--|------|--|

Describe fully how the loss / damage occurred

| | | | |
|---|----------|--|--|
| Have you previously had a claim / loss? | YES / NO | Full description of previous claims / losses | |
|---|----------|--|--|

| | | | |
|---|----------|----------------------------|--|
| Were the premises occupied at the time? | YES / NO | If not, when last occupied | |
|---|----------|----------------------------|--|

If yes, how were the premises occupied?

Police Station reported to & Tel No.

| | | | |
|---------------|--|----------------|--|
| Reference No. | | Police Officer | |
|---------------|--|----------------|--|

| | | |
|--|----------|--|
| Are you the sole owner of the lost/stolen/damaged property | YES / NO | |
|--|----------|--|

If not, give full details of other parties concerned

| | | | |
|----------------------------------|----------|---------------------------------------|--|
| Is there a Bond on the property? | YES / NO | Name, Address & Tel No. of Bondholder | |
|----------------------------------|----------|---------------------------------------|--|

| | | |
|--|-----------|---|
| What is your estimate of the value at the time of the loss | Contents | R |
| | Buildings | R |

Has the building a thatch roof? YES / NO

Is the lost / stolen / damaged property insured under any other policy? YES / NO

If yes, please give full details

I/WE WARRANT THE TRUTH OF THE ANSWERS TO THE QUESTIONS AND I/WE DECLARE THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE AMOUNT CLAIMED REPRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED OCCURRENCE.

Signed at _____ On _____ / _____ /20_____

Signature of insured _____

