

Policy Number

Full name of Insured <input style="width:90%;" type="text"/>	
Home Number <input style="width:40%;" type="text"/>	Office Number <input style="width:40%;" type="text"/>
When did the Damage take place? <input style="width:90%;" type="text"/>	
Situation of Property damaged or destroyed <input style="width:90%;" type="text"/>	
How were the premises occupied at date of occurrence? <input style="width:90%;" type="text"/>	
What was the cause of the Damage, and under what circumstances did it occur? <input style="width:90%;" type="text"/>	
<input style="width:90%;" type="text"/>	
Does the Policy give a correct description of the Property in all respects as it existed Immediately before the occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have any elements of risk been introduced which was not allowed by the Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have the conditions of the Policy been complied with in every respect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Claimant the Sole Owner of the Property damaged or destroyed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, state full particulars of any other interest. <input style="width:90%;" type="text"/>	
<input style="width:90%;" type="text"/>	
Have there been previous Losses in these Premises or in any other Premises in which the insured was interested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, state full particulars of such losses, and name of Company on risk. <input style="width:90%;" type="text"/>	
<input style="width:90%;" type="text"/>	
Was there at the time of the occurrence, any existing Insurances, whether effected by the Claimant or by any other person on the said Property, with any other Company or Society? 'If so, state full particulars, if not, please tick "No". <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company <input style="width:50%;" type="text"/>	Amount <input style="width:30%;" type="text"/>
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I hereby declare that the above is a full, true and accurate statement and I further declare that the articles mentioned below, being my property, and insured under the above-named Policy or Policies were accidentally destroyed or damaged without any procurement on my part by the foresaid occurrence.

 Date Signature

 Detailed Statement of Property destroyed or damaged on the day of

No.	Description	Date of Purchase	Value of property damaged or destroyed at the time of the occurrence	Amount Claimed

