

## FIRE/ HOME/BURGLARY/ ALL RISK CLAIM FORM

<b>SURNAME</b> (Mr/Mrs/Ms/Dr)	
<b>NAME</b>	
<b>Residential/ Business Address</b>	
<b>Policy Number</b>	
<b>Phone Number &amp; contact person</b>	

**DETAILS OF THE LOSS**

Date of alleged Loss or Damage & Time	
By who was it discovered?	
When was it discovered?	
Are you the sole owner of the stolen/lost/ damaged property	
If not, give name & address of others interested	
Were the premises inhabited at the time of the theft, loss or damage?	
By who?	
If not, when were they last occupied?	

**IN RESPECT OF LOSS AND OR THEFT**

Describe manner in which premises were entered?	
Was entry by forcible and violent means?	
Do u suspect anyone of the theft?	
Was it reported to the Police?	
At which Police Station?	
What steps are being taken to prevent recurrence of the loss	

**Description of the accident:**

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**Date**.....**Signature of Driver** .....

**List of Stolen/ Lost/ Damaged Property**

Item	Description	Date of Purchase	Present Value