

MISCELLANEOUS CLAIM FORM (ALL LINES EXCLUDING MOTOR)

NAME OF INSURED	PHONE NUMBER
ADDRESS	FACSIMILE NUMBER
POLICY NUMBERDA	TE OF LAST PREMIUM PAID
Address of premises where loss was sustained	
Date of loss	
Nature of claim	
Cive full details of how loss or demand accurred	
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	en
Have police been informed (or other enquiries ma	ide)?
If reported to police state:	
(a) to which station was report made:	
(b) date & time of report	

Declaration of property lost or damaged	Where purchased or acquired	Date purchased or acquired	Replacement cost price	% deduction for Depreciation	Net amount being claimed	Remarks (if any)
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I DECLARE THAT ALL THE INFO KNOWLEDGE AND BELIEF	RMATION HEREON TO BE TRUE AND CORRECT TO THE BEST OF MY
DATE	SIGNATURE