CLAIM FORM

FIRE, THEFT AND GENERAL

CORPORATE SURE CLAIM NUMBER _____

The acceptance of this Form is not in itself an admission of liability on the part of the Underwriters.

INSURERS	
1. Insurance Company	
2. Policy Number	
POLICY HOLDER	
3. Name of Body Corporate / Shareblock	
4. Address of Body Corporate/ Shareblock	
5. Name of Owner and contact telephone number	
6. Name of person reporting claim and contact telephone number	
DETAILS OF LOSS	
6. A) Date B) Time	A) B)
7. Place / Unit Number	
8. Explain exactly how the loss occurred	
9. Have you ever sustained loss/damage of a similar nature? If so, supply brief details.	
10. Is there any other Insurance policy in force covering this loss or damage? If so,supply full details.	
11 Have you informed the police? a) If so,at which station? b) With what result?	
12. What other steps have you taken to effect a recovery?	
13. Have maintenance repairs been carried out at the Insured premises as yet? (If Applicable)	

DETAILS OF CLAIM

LIST OF ARTICLES DAMAGED / LOST OR STOLEN	ORIGINAL COST OF ARTICLES	WHEN BOUGHT	VALUE OF SALVAGE	Amount claimed for after allowing for depreciation through wear and tear and deducting value of salvage

I hereby declare that the above statements are true to the best of my knowledge and belief, and I claim in respect thereof the protection of my Policy.

CHAIRMANS SIGNATURE ______________________________

DATE ________________________

Wherever possible and particularly in case of damage to buildings, please submit a tradesman's detailed estimate of the cost of repair