

THEFT LOSS OR DAMAGE CLAIM FORM

Agency	ency Policy/			/ Loan A	.ccount No.			Claim No.		
Name of Insured										
Address of Insured										
Business or Occupation										
Telephone Business			Home			Cellpl	none			
E-mail Address										
1. Date and Time of Loss of	Date and Time of Loss or Damage				v of		20			
2. Address or Place where				oiii Do	у 01		20	•		
2. Address of Flace where	1033 OF DUIT	lage occured								
3. State precisely how Loss	or Damage	occured								
If loss or damage occured o	n a Premises	3								
4. (a) State type of premise If outbuilding, type			saleshop, et	c. (a)						
(b) Were the premises u	unoccupied	or unfurnished	?	(b)						
(c) For how long (if at all) have the premises been unoccupied since the policy was efected or renewed?			(c)	(c)						
(d) Were the premises I	et in whole o	or in part?		(d)	(d)					
(e) Are you the owner o	of the premis	es or a tenant	?	(e)						
(f) If tenant, are you res	ponsible for	repairs?		(f)						
5. (a) Who is the owner of the property for which you are claiming?										
(b) Is the property for which you are claiming also insured under another policy, e.g. a policy effected by you or another party or under an All Risks, Baggage, Motor policy, etc? If so, give particulars.										
(c) Has any other person any interest in the property as Owner, Mortgagee, Trustee, Hire Purchase or otherwise?				,						
6. Have you given instruction give name and address			air? If so,							
7. Have you ever before sustained loss or damage of this nature? If so, please give details.										
8. What is the estimated present day total value of all the property insured by the above numbered policy?										
COMPLETE ONLY WHERE LOST OR STOLEN										
9. (a) When where the police notified and what at station?										
(b) Name of the person who contacted the police										
(c) Police Reference Number										
(d) If Burglary/Theft describe method of entry										
(e) If there is no evidence of Theft or of a forcible entry of the premises, has a thorough search been made for the articles missing?										
(e) If premises unoccupied, at what time and when were they last occupied?										



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OFFICIAL USE ONLY					
POLICY COVER	SUM INSURED				
TAKEN OUT	IN FORCE TO				
PREMIUM \$ PREMIUM PAID	ESTIMATE				

Claim Form (Theft, Loss or Damage)	RM 316
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PLEASE NOTE:

- A The policy is a contract of INDEMNITY and subject to the Sums Insured under the policy, all claims must be based upon the actual value of the insured property at the time of the Theft, Loss, Damage, or Breakage (allowing for any depreciation, wear and tear), unless the basis of claim settlement as in the policy, or clause(s) incorporated therein, permits or stipulates otherwise.
- B The issue of this form is not an admission of liability on the part of the Company.

COMPLETE THE APPROPRIATE SECTION(S)

BUILDINGS, FIXTURES AND FITTINGS, AND/OR BREAKAGE OF SANITARY FIXTURES (ESTIMATE REQUIRED)

Description of property destroyed or damaged	Approx. Age	Estimated cost of repairs	Amount claimed

STOCK, CONTENTS, AND/OR PERSONAL EFFECTS

Household Goods – If articles can be repaired, repairers' estimates should be furnished

Trade Stocks – Invoice prices and discounts and the value of the salvage should be stated

Salvage – Must be protected from deterioration until the claim is settled

Description of item	Place and Date of purchase	Price Paid	Estimated Cost of Repair	Replacement Cost if not repairable	Deduction for wear and tear if applicable	Amount Claimed (allowing for any salvage)



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BREAKAGE OF GLASS (ESTIMATE REQUIRED)

No. of	Position	Is glass in a conservatory, greenhouse, verandah or outbuilding	Description of Glass	Size cm		Whether cracked or smashed
panes			broken	Height	Width	and whether any salvage

LOSS OF MONEY

Cash	Cheques	Postal or Money Orders	Amount Claimed

	o the best of my/our knowledge and belief and I/We claim the amount stated above in respect at my/our policy conditions have been fully complied with.
Date	Signature of Claimant(s)