

# Fire, Lightning, Storm Claim Form

**Important Note**

Please state as fully as accurately and as possible the information asked for below. Acceptance of this form is not an admission of liability by the Company.

**PLEASE USE BLOCK LETTERS**

|                  |             |
|------------------|-------------|
| Policy No.:      |             |
| Name of insured: | Occupation: |
| Address:         |             |
| Tel No.:         |             |

**Please complete in respect of all claims**

|   |   |              |        |
|---|---|--------------|--------|
| 1 | Date of loss:   | Time:        | Cause: |
| 2 | Where did damage occur?   |              |        |
| 3 | Where can damaged property be inspected?  |              |        |
| 4 | Is damaged property insured with any other office?  |              |        |
| 5 | Has any other person or company an interest in the damaged property? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so whom?: |        |
| 6 | Please give a full account of circumstances leading up to the damage:   |              |        |
|   |   |              |        |
|   |   |              |        |
|   |   |              |        |

**Please complete in respect of electrical equipment claims**

|    |   |  |                  |   |                  |
|----|---|--|------------------|---|------------------|
| 7  | Describe the equipment damaged:   |  |                  |   |                  |
|    |   |  |                  |   |                  |
| 8  | (a) How old is the equipment?   | (b) When was motor last reconditioned? |                  |   |                  |
|    | (c) By whom was it reconditioned?   |  |                  |   |                  |
| 9  | When was it installed?  |  |                  |   |                  |
| 10 | Is the equipment (delete those <b>not</b> applicable).  | (a) in building?                       | (b) in the open? | (c) under a shelter?  | (d) submersible? |
| 11 | Are surge arrestors fitted? <input type="checkbox"/> Yes <input type="checkbox"/> No            | If "Yes" do they                       |                  | (a) protect the farm generally <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
|    | (b) protect the damaged equipment only <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                  |   |                  |
| 12 | Was the equipment in use at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No  | If not when was it last in use?        |                  |   |                  |
|    |   |  |                  |   |                  |

**Instructions for the preparation of your claim**

Damage to furniture, clothing and other contents of private houses - All claims must be based upon the actual value at the time of the damage.

Damage to stock in trade - All claims must be based upon the invoice price of each article less discount allowed less any salvage value.

Building claim - These should be accompanied by builders estimate giving measurements and quantities and prices of the work required to place the building in the same state of repair as before the damage.

