

MISCELLANEOUS CLAIM FORM

Please answer every question.

This form should be completed and returned within seven days of its receipt by the Insured

Claim No: Policy No:

Period of Insurance: From: To:

Date of Payment of Last Premium:

Name of Insured (in full):

Private Address:

..... Telephone No:

Business Address:

..... Telephone No:

1. (a) State whether property was stolen, lost or damaged and/or injury occurred.

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(b) If Injury occurred, give details of person injured and nature of injury.

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2. (a) On what date and time was the theft, loss or damage discovered and by whom?

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(b) When and where did you last see the property?

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3. State the circumstances under which the theft, loss or damage took place.

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Continued overleaf

