

# Claim Form



## Fire

According to Policy Conditions, this form should be fully completed and signed, and the relevant claim documents listed on next page be submitted, to avoid delay in claim process..

By furnishing this form the Company makes no admission of liability.

### > 1 - Insured's Information

Surname :		Maiden Name :	
First Names :			
Title : Mr/Mrs/Ms/Dr Other:		Sex: Male/Female	Marital Status :
Address :			
Email Address :			
Tel No Res :		Off :	Mob :
Date of Birth :		National Identity Card :	
Occupation :			

### > 2 - Particulars of Goods to be insured

Date of Incident :	Time :	Place :
Detailed Circumstances of Incident :		
For Property Loss/Damage :		
1. Has the loss or damage been reported to the Police or Fire Services ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which Police/Fire Station ?.....Date reported.....Case No.....		
2. Is Insured the sole owner of lost/damaged property ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any other insurance covering the same property ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state name of insurance company		
4. Has Insured sustained losses of the same nature before ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give full particulars		
5. Has Insured ever claimed on any insurance company for loss of same nature ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please state name of insurance company		
6. Has Insured already replaced the lost/damaged property ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

