

Claim Form



Loss or Damage to Property

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 - Claim Information

Date of Loss :	Time :	Place :
Detailed Circumstances of Loss/How Discovered :		

1. Which Police Station Reported ?.....Date Reported :.....Case No. :.....
2. Cash lost ? Yes No If Yes, MUR.....
Originally placed at Safe Cash register Locked Drawer Unlocked Drawer
3. Property/Damaged Lost ? Yes No If Yes, MUR.....
4. Were there visible marks of forcible entry to Insured Premises ? Yes No
If Yes, damage at iron gate/roller shutter door window wall others
5. Name and address of witness :.....
.....
6. Is insured the sole owner of lost cash/property ? Yes No
7. Are there any other insurance upon the same cash/property ? Yes No
If Yes, please state name of insurance company.....
8. Has insured sustained losses of the same nature before ? Yes No
If Yes, please give full particulars.....
9. Has insured ever claimed on any insurance company for loss/damage of same nature ? Yes No
If Yes, please state name of insurance company.....
10. Has insured already replaced the lost property ? Yes No

