

**ALL RISKS INSURANCE**  
**CLAIM FORM**

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

Name : \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

QUESTION	ANSWER
1. When did the loss or damage occurred? (state date & time)	
2. What is damaged ? (a) Please itemise (b) Sum insured	
3. (a) How long has the damaged property been in your possession ? (b) Was the property brand new or secondhand ?	
4. Is damaged property totally destroyed ?	
5. What has occurred and which parts of the property are damaged to such an extent that replacement is necessary ?	
6. What is the estimated amount of loss or damage ?	
7. What was the cause of damage and how did it occur ? (This question must be answered in detail and a sketch given whenever possible).	
8. (a) Has the property undergone any repairs previously (b) What was the nature of such repairs ?	
9. Give the name and address of the repairers where repairs will be executed. (Provisional repairs will not be indemnified).	

*The undersigned policy holder declares to have answered the above questions truthfully and he is liable for the correctness and completeness of this statement.*