

## CLAIM FORM FIRE & EXTRANEIOUS PERILS

Claim No		
Name of Insured:		
Address of Insured:		
Policy Number:		

AN ANSWER IS REQUIRED TO EACH OF THE FOLLOWING QUESTIONS

a) What was the nature of the occurrence (eg. "Fire") and when did it take place?	At.....p.m/a.m on .....
b) At what address did it take place?	
c) For what purposes were Premises being used at date of occurrence?	
d) Describe briefly what happened and the resultant damage and state what you believe caused it to happen.	
e) Were the Premises and their occupation at the time of the occurrence exactly as described in the Policy?  Had any element of risk been introduced which was not allowed by the Policy?	
f) Is the Claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other interest.	
g) Were there at the time of occurrence any other existing Insurances on the said Property, with any other Company or Insurer, whether effect by the Claimant or by any other person? If so, state full particulars. If not, please write "No."	
h) Give dates of any previous s claims of a similar nature you have made in connection with these or any other premises, and state the amount of the loss. If none, please write "None."	

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**THE DETAILS REQUIRED OVER-LEAF MUST BE GIVEN**

I/We ..... of ..... by profession or occupation ..... hereby declare that the above is a full, true and particular account of the insured's loss by the said fire to property covered by the policy ....., that nothing has been done by or with the knowledge and consent of the Insured to violate the conditions of the policy ..... that all salvage has been properly credited in the statement of claim, and that the Insured is justly entitled to the amount claimed from the ASSURIA GENERAL GY INC.

I/We make this declaration conscientiously believing the same to be true and in accordance with the Statutory Declaration Ordinance.

Declarant ..... Declared to

before me, at ..... this..... day of.....20..... Signature

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**Note:** - The claim (in detail) must be delivered to the Company within 15 days from the date of the destruction or damage, or such further time as the Company may in writing allow.

**INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM**

If the Claim be in respect of BUILDINGS, the Claim must be accompanied by two Builders' Estimates, obtained at Insured's own expense, of the Cost of putting the Building into the same state as it was in immediately before the occurrence – no contemplated improvements may be included in such estimate.

If the Claim be for CONTENTS, a full list of the Articles destroyed or damaged must be given and against each item must be declared: -

1. Their Original Cost Price
2. Their value immediately before the occurrence (after making due allowance for "wear and tear").
3. Their value (if any) after the occurrence, or "Value of Salvage".
4. The difference between 2 and 3, which will be the net amount of loss sustained.

In case of Claims for STOCK-IN-TRADE, COST PRICES (after deduction of all Discounts and Trade Allowances for Cash Payments) are alone recognized in estimating sound values.

