

All Risk Claim Form

| | | | |
|---|-----------|---------------------|----------------|
| 1. PARTICULARS OF POLICYHOLDER | | | |
| Policy No. | | | |
| Insured | | | |
| Address | | | |
| Contact Details (Telephone, Fax & Email) | | | |
| 2. DESCRIPTION OF INCIDENT | | | |
| Where (premises) did Incident occur? | | | |
| Describe in details for the following on the occurrence leading to the loss:- | | | |
| A. Date and time when loss when discovered? | | | |
| B. By whom was loss discovered? | | | |
| C. Date and time when article(s) last seen? | | | |
| D. By whom was the article(s) last seen (date, time & location)? | | | |
| E. If article was missing, was a search conducted? | | | |
| F. Any step taken to recover the missing article? let us have details | | | |
| Was the incident reported to the Police/SCDF? If so, let us have a copy of the Police/SCDF Report. | | | |
| Was there any Photograph/CCTV recording the chain of event? If so let us have a copy of the photograph/recording. | | | |
| Have you ever before sustained:- | | | |
| I. Loss by theft? | | | |
| II. Loss of, or damage to, any article of value from any other cause? | | [] Yes [] No | |
| If "Yes", please provide details below:- | | [] Yes [] No | |
| 3. OTHER INSURANCE | | | |
| Have you, previously suffered or claimed against any insurer of similar loss? | | [] Yes [] No | |
| Are there any other insurances effected by you or by any other person covering the loss or any part thereof? if so, please indicate:- | | | |
| Insurance Company | Policy No | Period of Insurance | Amount Insured |
| | | | |
| | | | |
| | | | |
| | | | |

