



SRIC

Ensuring your tomorrow, today.

HOUSEHOLD ALL RISKS CLAIM FORM

This form must be completed and returned immediately and, in any event, within seven days of its receipt by the insured.

POLICY DETAILS

FAILURE TO FULLY ANSWER EVERY QUESTION MAY PREJUDICE ANY CLAIM

Claim No.

Policy No.

Date Last Premium Paid

DD / MM / YYYY

Full Name

Private Address

Tel No.

Business Address

Tel No.

Email Address

1 a State whether the property was stolen, lost, or damaged.

a

b Is stolen, do your suspicions rest on anyone?
If so, why?

b

c Where and when was the property last seen by you?

c

2 On what date and time was the theft, loss or damage discovered and by whom?

3 State fully the circumstances under which the theft, loss or damage took place. If a theft from premises, describe the means by which entry was gained into premises and from room to room an state which windows, doors and burglar proofing were forced/broken. If loss occurred from premises other than your normal residence, advise address, ownership details of such premises.

(CONTINUE ON SEPARATE, SIGNED STATEMENT, IF NECESSARY)

4 a Were any premises involved occupied at the time? If so, by whom? Relationship?

a

b If not, upon what date and at what hour last occupied? By whom? Relationship?

b

5 a Were any premises involved lent, let or sublet at the time? If so, by whom? Relationship?

a

b If loss from premises:
Do you employ domestic servants? If so, who and how long?

b

c Are watchmen employed? Day or Night? Number?

c

6 Are you the sole owner of the property? If not, give name of owner(s) and details of his/their interests.



7 a If the claim is in respect of any article not separately mentioned, give the number of the policy item and present value of all the property which that item applies.

a
[Yellow input field]
[Yellow input field]

b State total value of all household goods and personal effects

b
[Yellow input field]

8 a If the property was stolen or lost, give the date the police were advised.

a DD / MM / YYYY
[Yellow input field]

b Name of police station and name/no. of police constable

b
[Yellow input field]

c Name of person who reported to the police

c
[Yellow input field]

(In all cases, police should be advised promptly)

9 Are there other insurances on the same property? If so, name and address of Insurers and Policy No.

[Yellow input field]
[Yellow input field]

10 a Have you previously sustained any theft or loss of or damage to property?

a
[Yellow input field]
[Yellow input field]

b Was the claim made upon any company or underwriters? If so, give name, date, nature of loss and amount paid

b
[Yellow input field]
[Yellow input field]
[Yellow input field]

I/WE hereby warrant the truth of the foregoing statements and I/WE understand and acknowledge that any investigations into this claim by any persons are carried out without acceptance of liability by the Corporation.

Signature

[Yellow signature box]

Date

DD / MM / YYYY

