



# General Claims Form

Important Note - Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim.

Policy no.: _____ Name of Insured: _____ Phone Contact No.: _____	Claim No.: _____ Address: _____ Email: _____
Name of other Interested Parties (Hire, Purchase, Lease, etc.) if any.	
Is there any other Insurance in force which would cover this Loss occurrence in whole or in part?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer is Yes, Please advise with which Insurer.	
Name of Insurer:	Policy details:

## Detail of Loss, Damage or Occurrence

Date of Loss/Damage/ or Occurrence:	Time:	AM/PM.
When was Loss/Damage/Occurrence reported to you:	Time:	AM/PM.
Place and/or premises where it occurred :		
Please state full particulars of how the Loss, Damage occurrence took place:		
Please describe nature of damage:		

## Responsibility/Witness

Was another person, in your opinion, responsible for the loss or damage because of the occurrence? If reply Yes, please give their details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone no.:
Address :	
Was there a witness to this event? If reply Yes, please give their details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone no.:
Address :	

If you are claiming under the Risk of Damage, Housebreaking, Theft, Malicious, Baggage, provide details of occurrence:

Where were the police notified?	Time:	AM/PM
Police Station:	Police Officer's name:	
State reason, if not reported to Police:		
When has the property last seen?		
At the time of loss, how long had the premises been unoccupied?		
If claiming for windstorm/Hurricane/Cyclone/Typhoon/Water Damage/Flood, advise the following:		
How did Wind Rain or Water enter into the premises?		
Did Hurricane/Cyclone/Typhoon cause opening to premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If answer is Yes, describe the cause or event:		

**Legal Liability**

Name of injured person or owner of damaged property:	Phone no.
Address:	
Is the injured person or owner of the damaged property in your employ, in the employ of any contractor or sub-contractor to you, or a relative to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer Yes, give details:	
Has any claim been made upon you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer Yes, state details and attach:	

**Insurance History**

Have you ever previously claimed for a Loss/Damage/or caused Damage or Injury to Third Parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer Yes, give details of such losses and amounts involved:	

Was an Insurance company involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answer Yes, please state below name of company and year of claim:	

**Description of Property Lost or Damaged. (If insufficient space, please attach separate list.)**

Item no.	Description of Property Lost or Damage	From Whom Purchased	Date of Purchased	Original Purchase Price	Deduction for Depreciation & Wear & Tear	Initial Claimant Amount
<b>Total:</b>						
Contact Person:			Phone no.:			
Position :			Fax no.:			

**Insured Declaration**

<p><b>Official Stamp:</b></p>   <p>Date:</p>	<p>I (We) confirm and certify that the above details are true and correct.</p> <p><b>Signature:</b></p> <p>Date:</p>
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**\*Important\*** - Please ensure:

- Attach all quotations obtained for replacement of a repair to the damaged or missing property.
- Attach valuations and receipt for purchases whenever possible.
- Advise police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage, and Travelers Baggage.
- Attach any letter of demand or other correspondence that you may receive from any third party.
- Do not make any admission of liability for loss or damage caused by you to third parties.