

GENERAL CLAIM FORM

This form is issued without admission of liability. Any documentary evidence and/or other report required by the Corporation shall be furnished at the expense of the Insured.

Claim No. : _____		Policy No. : _____		Agency : _____	
1.	Insureds Name/Company				
2.	Address				
3.	Occupation/ Business				
4.	Date of Loss/Time/Day				
5.	Situation of Loss				
6.	Police Station to which Loss was reported			Report No. :	
				Date :	
7.	Were the premises occupied at the time of the theft?				
8.	Please state fully to the best of your knowledge and belief the cause of the loss and damage and how did it occurred?				
9.	Have you any suspicious as to any parties implicated? If yes, please give particulars	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
10.	Are you the sole owner of the property lost or damaged? If no, give name of owner	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
11.	Is the property in respect of which you are making a claim Insured with any other Insurer against all or any of the risk covered by the above Policy? If yes, please give particulars	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
12.	Have you ever made a claim on any Insurer in respect of loss or damage by any of the risk covered by the above Policy? If yes, please give particulars	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
The undersigned Insured hereby declared to have answered the above questions conscientiously and truthfully.					
Date : _____		_____ Signature of Insured Company's chop (if applicable) Name : _____ Designation : _____ NRIC : _____			

Tick (/) where applicable

