Sun General Insurance

Property Claim Form

Fire, Theft, Burglary, Money and All Risk Policies Claim Form

/ / Policy Number

Branch or Agent

A. INSURED DETAILS

Mr. ○
Mrs. ○
Ms. ⊙

First Name | Middle Name | Last Name

Home Address (Street, Parish, Country)

( ) - Telephone (h)

( ) - Cell No.

Business

Business Address (Street, Parish, Country)

Trade or Occupation (if more than one, state all)

Situation premises or place where loss or damage occurred

/ / Date of loss or damage (DD/MM/YY)

: Time (HH/MM) AM PM

Explain fully the loss or damage occurred

B. ADDITIONAL QUESTIONS FOR THEFT BURGLARY MONEY AND ALL RISK CLAIMS

When was the loss or damage discovered?

/ / Date (DD/MM/YY)

: Time (HH/MM) AM PM

By whom was the discovery made?

When was the property last seen?

/ / Date (DD/MM/YY)

: Time (HH/MM) AM PM

By whom was it last seen?

When were the Police notified?

/ / Date (DD/MM/YY)

: Time (HH/MM) AM PM

Address of Police Station

Have any other steps been taken to recover the property? YES ○ NO ○

C. PLEASE ANSWER THE FOLLOWING QUESTION IF THE CLAIM IS IN RESPECT OF A THEFT AT YOUR OWN PREMISES

$ Total value of contents of premises at time of theft ?

Are the premises, or any part, let or sublet? YES ○ NO ○

How many nights have the premises been unoccupied during the past year?

Was anyone in the premises at the time of the theft? YES ○ NO ○

If so, please give names and addresses

What steps have you or are you taking to prevent recurrence?

Have you ever sustained a loss or claimed against any insurer for any of the risk included in the policy under which the claim is made? If so, give particulars

Are you the sole owner of the lost or destroyed property? YES ○ NO ○

If not, state the name(s) of any other interest parties and the nature of their interest

In respect of damage to building or landlord's fixtures (including internal directions), are you responsible for the repair of such damage under the terms of a tenancy agreement?

Was there at the time of the occurrence any other existing insurance, effected by you or any other person, on the property for which the claims is made? If so, please give details.

D. PARTICULARS OF THE CLAIM TO BE GIVEN IN DETAIL

In respect of building claims, tradesmen's estimates should be furnished before instructions are given for the work to be put in hand. If decorations are involved, please indicate when they were last renewed. Any property damaged should not be disposed of until permission is given by the Company.

(1) Particulars of each building of article in respect of which this claim is made	(2) Date purchased or received / / (DD/MM/YY)	(3) From whom purchased or donated	(4) Original cost price	(5) Value at the time of the loss after allowing for age and wear	(6) Present replacement price	(7) Amount claimed after allowing for value of the salvage or cost of repairs
					Total Amount claimed	

I/We declare the particulars given on this form to Sun General Insurance are true and complete.

Date / /
(DD/MM/YY)

Signature of Insured ______________________________

IMPORTANT: Claimants are advised to read the conditions of the Company's policies regarding claims when completing this form, which should be returned with the period specified in the policy