**PRIME INSURANCE COMPANY LIMITED**

**LOSS OR DAMAGE CLAIM FORM**

**POLICY NO.**

**CLAIM NO.**

**AGENCY**

COMPLETE QUESTION 1 TO 8 FOR ALL CLAIMS

|  |  |
| --- | --- |
| 1. Name and address of Insured   Business or Occupation | Telephone No.:……………………………………. |
| 2. Address or place where loss or Damage occurred |  |
| (a) State type of premises, e.g. private house, flat, sales shop hotel, etc    (b) Were the premises unoccupied or unfurnished?  (c ) For how long (if at all) have the premises been unoccupied since  the policy was affected or renewed?   1. Were the premises let in whole or in part?   (e) Has there been any change in the premises since the policy was issued?   1. Are you the owner of the premises or tenant?   (g) If tenant, are you responsible for repairs? |  |
| 1. State precisely how loss or Damage occurred |  |
| 5. a. Date and time of loss or Damage  b. By whom discovered?  c. If fire, give exact cause of out break?  d. Names and addresses if any witnesses?  e. If caused by person NOT in your services, give full name and address? |  |
| 6. (a) Who is the owner of the property for which you are claiming?  (b) Is the property for which you are claiming also insured under another policy, e.g a policy effected by you or another part or under an All Risks, Baggage, Motor  (c ) Has any other person any interest in the property as Owner, Mortgagee, Trustee, or otherwise. |  |
| 7. Have you given instructions for replacement or repair? If so give name and address of repairer or contractor? |  |
| 8. Have you ever before sustained loss or damage of this nature? |  |
| 9. (a) When were the police notified and at what station?   1. Name of personal who contacted the police 2. Police Reference Number 3. If there is no evidence of Theft or of a forcible entry of the   (e) Premises, has a thorough search made for articles missing?  (g) If premises unoccupied, at what time and when were they last occupied |  |

***PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF***

Please note: - The policy is a contract of **INDEMNITY** and subject to the Sums Insured under the policy, all claims must be based upon, the actual value of the insured property at the time of the Theft, Loss, Damage, or Breakage (s) allowing for any depreciation, wear and tear),

**COMPLETE THE APPROPRIATE SECTION (S)**

**BUILDINGS, FIXTURES AND FITTINGS, AND/OR BREAKAGE OF SANITARY FIXTURES**

(Estimates Required)

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of property destroyed or damage** | **Approx. Age.** | **Estimated cost of repair** | **Amount Claimed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**STOCK, CONTENTS, AND/OR PERSONAL EFFECTS**

**Household Goods** - If articles can be repaired, repairers’ estimate should be furnished

**Trade Stocks** - Invoice prices and discounts and the value of the salvage should be stated

**Salvage** - Must be protected from deterioration until the claim is settled.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of property destroyed, damaged, of missing** | **Approximate date of purchase** | **Amount paid** | **Value before dam age (following for wear and tear and depreciation** | **Amount claimed (allowing for any salvage)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**BREAKAGE OF GLASS (estimate required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No. of Squares** | **Whether Window, Door, etc** | **Is glass in a conservatory, green house, veranda or outbuilding** | **Size** | | **Whether Cracked of Broken out** |
| **Height** | **Width** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**LOSS OF MONEY**

|  |  |  |  |
| --- | --- | --- | --- |
| **CASH** | **CHEQUES** | **POSTAL OR MONEY ORDER** | **AMOUNT CLAIMED** |
|  |  |  |  |

I we declare that the statements overleaf are true to the best of my/our knowledge and belief and I/We claim the amount stated above in respect of the property mentioned.

**Date: ………………………………………………………………………………**

**Signature of claimant (s) ………………………………………………………………………………**