PRIME INSURANCE COMPANY LIMITED

LOSS OR DAMAGE CLAIM FORM

AGENCY

POLICY NO.

CLAIM NO.

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? (d) Were the premises let in whole or in part? (e) Has there been any change in the premises since the policy was issued? (f) Are you the owner of the premises or tenant? (g) If tenant, are you responsible for repairs?	
3. 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? (b) Name of personal who contacted the police (c) Police Reference Number (d) 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) .....