



Application No: _____

Certificate No: _____

PROPERTY CLAIM FORM

It is very important that a complete answer to be given to every question. If sufficient space is provided for your answer please continue on a separate sheet.

CLAIM NO.	ACCOUNT NO.	POLICY NUMBER	RENEWAL DATE	NAME OF AGENT

PARTICIPANT

Full Name: _____

Private Address: _____

Telephone No. _____

Business Address: _____

Telephone No. _____

Occupation/Business: _____

CIRCUMSTANCES OF LOSS OR DAMAGE

Name of loss or damage: _____

Date and Time: _____

Place where the event occurred: _____

State fully what happened: _____

When and by whom discovered: _____

If known, state name and address of person causing the loss or damage: _____

POLICE

Were particulars taken by or reported to the police? YES/NO

If YES, (a) give name of Station: _____ (b) attach a copy of their report.

N. B. The Police must be informed immediately if the property has been lost, stolen or maliciously damaged.

*DELETE AS REQUIRED

DETAIL OF PROPERTY OR DAMAGED

Describe the property lost or damaged and the extend of the damage	Date acquired	Cost Price	Value at the time of loss	Amount of damage sustained	Value of salvage	Net amount of claim

What si the value of all the property covered by this Scheme? _____

Do you own the property? YES/NO

If NO, give name and address of the owner _____

Is the property subject to a hire purchase or loan agreement? YES/NO

If YES, give name of the finance or lending company, their address and agreement number

Was the property on loan or hire to another party? YES/NO

If YES, give name and address of party _____

Is any other party interested in the property? YES/NO

If YES, give name of the party and extent of interest _____

Are you responsible by agreement for the property? YES/NO

If YES, please forward a copy of the agreement

*DELETE AS REQUIRED

GENERAL QUESTIONS

Is there any other insurance/takaful on the property? YES/NO

If YES, give details _____

Have you ever made a claim of this nature on any insurer/takaful operator or underwriter? YES/NO

If YES, give details _____

Additional Questions if the loss occurred indoors

State the nature of the occupancy of the premises _____

Were the premises occupied at the time of the loss? YES/NO

If NO, give date and time they were last occupied _____

If entry was illegal, how was it obtained? _____

Additional Questions for glass breakage claims only

Size of broken glass _____

Type of glass _____

Situation (e.g. door, window, showcase, e.t.c.) _____

Was the glass sound before the breakage? YES/NO

Do you wish the regularizing to be deferred until further notice? YES/NO

*DELETE AS REQUIRED

Declaration

I/We declare that these particulars are true to the best of my/our knowledge and belief

Signature: _____ I/C No. _____ Date: _____