



FIRE, BURGLARY AND OTHER PERILS CLAIM FORM
(INCLUDING MARINE HULL/CARGO CLAIM)

1. Policy No: .....Telephone No: .....

2. Name of Insured: .....

3. Address of Insured: .....

4. Contact Person Details: .....

5. Address of Premises where loss or damage occurred/ Place of incident: .....

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6. Date/Time of loss or damage: .....

7. Please give brief details (i.e. Fire, Burglary, Storm, Flood, etc ) and what happened: ( use separate sheet if necessary):

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8. (a) Was the Police / Coast Guard notified? Yes [ ] No [ ]

If so, by whom? .....

(b) When was the loss / damage reported and to which Police Station / Authority? .....

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(c) Where can the vessel be inspected? .....

(d) Name of Repairer: .....

9. If a fire, did the Fire Brigade attend? .....

10. How long after discovery of the fire did the Fire Brigade take to arrive? .....

11. Are you the owner of the property lost or damaged? Yes  No

If not, Please state the owner (s): .....

12. If loss not by fire, what protection to prevent loss or damage have been installed? .....

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13. What additional protections have been implemented to prevent further loss or damage? .....

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14. Details of property lost or damaged (continue on additional page if necessary )

DESCRIPTION OF PROPERTY	ORIGINAL PRICE	DATE PURCHASED	AMOUNT CLAIMED

**15. Declaration**

I, agree to provide additional information to the Company if required. I, do hereby declare, to the best of my knowledge and belief, warrant the truth of foregoing statements in every respect and agree that if I have made any false or fraudulent statement/declaration or thereby be any suppression or concealment, the policy even if issued, shall be void and cancelled with effect from the risk inception date and the claim shall be forfeited.

Signature of Insured ..... Date: .....