

HOUSEHODER'S/HOUSEOWNER'S CLAIM FORM

GENERAL

OLINEIVAL				
Policy Numberõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ	õõ.			
Nameõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ a õ õ õ õ	õ õ õ õ			
Addressõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ	õ õ õ õ õ			
Business or Occupation o o o o o o o o o o o o o o o o o o				
BURGLARY				
(1) Please give the following information about your loss:.				
(a) When did it happen? At õ õ õ õ õ õ õ aa.m/p.m on õ õ õ õ õ õ õ õ	õ õ õ õ			
(b) Where did it happen?õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ	õõõõõ.			
(c) How did it happen? õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ				
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(d) Do you suspect any person in connection therewith? õõõõõõõõõõõõõ	öőőőő.			
(2) Please give the following information about your premises:				
(a) How did they enter?õõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõ	õ õ õ õ			
(b) Were they occupied at the time? $\tilde{0}$	õõõõõõ			
If not, when were they last occupied?õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ	õ õ õ õ			
(c) The longest period of unoccupancy since renewal? \tilde{o} \tilde{o} \tilde{o} \tilde{o} \tilde{o} \tilde{o} \tilde{o} \tilde{o}	õõõõõõ			
(3) Have you ever made a claim from any insurer for loss by theft or Burglary?	õõõõ			
(a) State the location of claimõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ	õõõõ.			
(b) Circumstance of lossõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõ	õõõõ			
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- (5) Have you informed the police? \tilde{o} \tilde
 - (a) Address of the Police Stationõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõ

IF CLAIM IS IN RESPECT OF FIRE DAMAGE

Here state nature of your interest, whether sole owner or holding the property in trust
or on commission or otherwise of the property referred to above, and that it is not
otherwise insured in Standard Alliance Insurance for any other or any other insurer
except as stated overleaf.

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INSTRUCTIONS

When a Fire occurs the insured is within fifteen days after, at the latest to deliver to the Company an Account of the several articles or matters damaged or destroyed by Fire with the estimated cash value on each of them respectively immediately before the Fire. When property hereby insured is only partially damaged by Fire, no abandonment thereof will be allowed unless by consent of the Company or its Agents.

The Cash Value of property destroyed or damaged by Fire shall in no case exceed what would be the cost to the insured or replacing the same: and in case of the depreciation of such property from use, or otherwise, a corresponding deduction shall be made from the cost of replacement in order to ascertain the actual Cash value immediately before fore.

Cause of Fire- To be stated as explicitly as possible and where the cause is undiscovered, any suspicion of incendiarism to be mentioned.

The following particulars are required when the claim relates to:

(1) BUILDING

- (a) A builders or Achitectos estimate (obtained at the expense of the insured) giving dimension and prices of the work required to place the building in the same state of repair as before the fire. No contemplated improvements to be included in the estimate.
- (b) The insured to state whether he holds the property as sole or part owner, or otherwise.

(2) FURNITURE

- (a) A Complete list of articles damaged or destroyed.
- (b) Cost price of each and when and where bought.
- (c) Value of each immediately before the fire, after deduction for past wear and tear, depreciation etc.
- (d) Value of salvage.

(3) GOODS & MERCHANDISE

- (a) List of articles damaged or destroyed.
- (b) The price of each according to the market value of the goods immediately before the fire.
- (c) Value of salvage.

N.B When the policy is subject to the average or pro rata condition, a full and exact statement of the whole value of the property within the protection of the policy or of the item or items under which the claim is made must be furnished.

In case where the loss is only a trifling one and the Agent has been able to satisfy himself as to the accuracy of the claim without the intervention of an Assessor, the former should state this over his signature.

PARTICULARS OF THE CLAIM

QUANTITY	DESCRIPTION OF THE PROPERTY DESTROYED OR DAMAGED	DATE AND PLACE OF PURCHASE	PRICE PAID (N)	VALUE IMMEDIATELY BEFORE THE FIRE	AMOUNT CLAIMED (N)

Witness my/our hand this	day of	19
Signature of the Claimant		