



Sun
insurance
Company Limited

DETAILS OF CLAIM

CLAIM No.

Policy No: _____
Premium Paid _____
Excess _____

GENERAL PROPERTY CLAIM FORM

1. Policy Holder

Name of Insured _____
Address _____ Phone No. _____

2. Particulars of Loss

Date of Loss: _____ Time: _____ AM ___ PM Date Loss Discovered: _____ Time: _____ AM/PM
Situation _____
Description of Loss (including cause of loss or damage, Nature of injury)

Name and address of person causing damage _____

If reported to Police - Date reported _____ Name of Police Station _____
(Note: Required in **All** cases of loss of theft)

3. Other Particulars

Are you the sole Owner of property damaged or stolen? _____
If not, please name any other interested party (e.g. Mortgagee, Trustee, etc.) _____

Details of other insurances covering the property claimed for _____
Have you previously ever made any claim against any Insurance Company? _____
What steps have you taken to recover or reduce your loss (eg. advertising) _____

DECLARATION

I/We declare that all the particulars stated in my/our claim above and overleaf and any statements made in support thereof are true to the best of my/our knowledge and belief and I/we wish to claim from **Sun Insurance Company Limited** the amount(s) stated overleaf.

Date _____ *Signature of Insured _____

* Before signing ensure you have read the declaration and answered all the questions on this form
N.B. THE BACK OF THIS OFRM MUST BE COMPLETED.

DETAILS OF CLAIM

DESCRIPTION OF PROPERTY LOST DAMAGED OR DESTROYED <small>(Incl. Serial No. where applicable)</small>	FROM WHOM OBTAINED (NAME AND ADDRESS)	DATE PURCHASED OR ACQUIRED	PRESENT PURCHASE PRICE	DEPRECIATION FOR AGE, USE OR WEAR & TEAR	AMOUNT CLAIMED
PLEASE ATTACH ANY RELEVANT DOCUMENTS IN SUPPORT OF CLAIM			TOTAL AMOUNT CLAIMED		\$

Name and address of person causing damage

If reported to Police - Date reported _____ Name of Police Station _____

(Note: Required in ALL cases of loss of theft)

3. Other Particulars

Are you the sole Owner of property damaged or stolen?

If not, please name any other interested party (e.g. Mortgagee, Trustee, etc.)

Details of other insurances covering the property claimed for _____

Have you previously ever made any claim against any insurance Company? _____

What steps have you taken to recover or reduce your loss (e.g. advertising) _____

DECLARATION

I hereby declare that all the particulars stated in this claim are true and correct and that I have not obtained any other insurance cover for the property claimed for.

Signature of Insured _____

* Before signing please you have read the Declaration and accepted all the conditions on this form.
K.A. THE BACK OF THIS FORM MUST BE COMPLETED.