

## General Claim Form

The issue of this form is not an admission of liability on the part of Axis or Insurers

Insured Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Occupation \_\_\_\_\_ Phone No. Bus \_\_\_\_\_ Priv \_\_\_\_\_

Policy Number \_\_\_\_\_ Due Date \_\_\_\_\_

Name of Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of loss or damage \_\_\_\_\_ Time \_\_\_\_\_ am/pm

How was the loss discovered? \_\_\_\_\_

By Whom? \_\_\_\_\_ When? \_\_\_\_\_ am/pm

Address of the premises where the loss occurred:

\_\_\_\_\_

Please state full details of how the loss or damage occurred:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the extent of damage:

\_\_\_\_\_

\_\_\_\_\_

Who caused the loss or damage? \_\_\_\_\_

Is the premises currently occupied? Yes/No by whom? Tenant/owner occupied

Was the loss reported to the Police? Yes/No Police Reference No. \_\_\_\_\_

Date of report \_\_\_\_\_ Police Station \_\_\_\_\_

\*Advise the Police immediately in the event of loss by burglary, theft or malicious damage

For Burglary/ Theft losses, how was entry gained to the premises?

\_\_\_\_\_

Was there a security device protecting the premises? Yes/No Was it activated? Yes/No

Were there any signs of forced entry? Yes/No If Yes, give details \_\_\_\_\_

Who was the last person to leave the premises? \_\_\_\_\_ When? \_\_\_\_\_

If money was stolen where was the money kept? \_\_\_\_\_

