



ASSETS ALL RISKS INSURANCE – CLAIM FORM

(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)

POLICY NO: _____

INSURED: _____

TRADE / BUSINESS: _____

ADDRESS: _____ TEL NO.: _____

DATE OF LOSS _____ TIME: _____

PLACE OF LOSS: _____

DETAILS OF EVENT/LOSS

Describe fully how the accident occurred: _____

Have you reported to the Police? _____

Names and Addresses of all Witnesses and the number of the Police who took Evidence:

1. _____

2. _____



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State the Name and Address of the person injured, or the property Damaged:

State the nature of injury or damage:

State any other Information necessary:

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY/ OUR KNOWLEDGE AND BELIEF

Date: _____ Signature: _____