

PROPERTY ALL RISK - CLAIM FORM

IMPORTANT NOTES:

Insurers, their Agents and the Insurance Associations share information with each other to prevent fraudulent claims & for underwriting purposes. In the event of claim, some or all the information you supply to this form and in the claim form together with other information relating to the claim may be provided to other insurers, their agents and insurance associations. All questions must be

PART: (A) POLICY HOLDER:

Name of insured Policy No:

Address Business/Occupation

Telephone/Mobile /Fax Contact details for survey purposes:

Name of any other interested party:

PART :(B) OCCURRENCE:

Date and time of loss /damage.

Location where the damage occurred.

Describe the occupancy of the premises at that address.

Give brief details of the nature and cause of loss.

Do you have photographic evidence of damage YES NO (If YES, please attach copies)

PART :(C) BUILDING DAMAGE CLAIM

Is the building (a) Owned by you (b) Rented? If rented are you responsible for repairs under terms of the lease? YES NO

If rented, please state name of building insurers (if known)

PART :(D) CONTENTS DAMAGE CLAIM

Are you the owner of the damaged /lost goods? **YES** **NO.** If NO, state name address of owner and why good are in your possession.

What is the estimated total value of the contents of the premises at the time of loss? Aed.

Where applicable, was the damage /loss reported to police? **YES** **NO**

If **YES**, which police station reported and when

Are there any other insurance in your name or the name of other persons covering the building or contents?

YES **NO** If **YES**, please state;

(a) Name and address of insurers. (b) Type of cover

(c) Sum insured Aed.

DECLARATION:

I/We declare that all particulars given are true and complete and claim the sum of Aed. _____ as detailed above as supported by the enclosed documentary evidence.

Signature:

Date