



Policy No		Claim No	
Name of Participant			
Participant's Address			
Address of premises, or place where loss occurred (If lost from premises state whether private house, flat, hotel, sale shop etc.)			
Date & Time of Loss		Who witnessed the mishap	
How committed ..... (Give details of articles lost and property damaged on the attached sheet.)			
Value of property lost: (Please also state when item / items were purchased and at what place.)			
When where the Police notified, and at what station?			
Has a thorough search been made for the article(s)?			
Has the loss been advertised?			
Have you ever before sustained	Loss by Theft		
Loss of, or damage to, any article of value from any other cause ? (If so, please state particulars)			
Are you insured against Burglary, Theft, Loss or Damage with any other Company ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you insured against Burglary, Theft, Loss or Damage with any other Company ?			

I declare that all statements made on this form are true to the best of my knowledge and belief and that the articles and property described belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Dated \_\_\_\_\_ 20\_\_

Participant's Signature \_\_\_\_\_