



CONSUMERS
GUARANTEE
INSURANCE

Claim Form

Policy No.:.....

Agent.....Claim No.....

Name of Claimant.....

Address.....

Telephone No.....(h).....(w)

1. When did the damage take place?	
2. Address of the premises where the damage occurred.	
3. (a) For what purpose (e.g. Private dwelling, Shop, Factory etc) were the premises occupied at the time of damage? (b) If any alteration in risk had taken place since policy was issued or last endorsed, please give details.	
4. What was the cause of the damage, and how did it occur?	
5. (a) Does the property in respect of which the claim is made belong solely to you? (b) If not, please give full name of any other party interested therein.	
6. (a) Are there any other insurances on the property, whether effected by you or by any other party? (b) If so, please give name of Company, Policy number and amount insured, if known.	
7. (a) Have you previously suffered a loss from a similar cause in these or other premises? If so, give details.	

I/We hereby declare that the above is a full, true and accurate statement, and I/we further declare that the property mentioned on the reverse hereof, which belongs to me/us and which is insured under the above-named Policy or Policies, was destroyed or damaged as aforesaid according to the extent and values stated; wherefore I/we claim the sum of the amount thereof.

Signature of the insured..... Date.....

