

**METROCINT GENERAL INSURANCE COMPANY LIMITED
PROPERTY CLAIM FROM**

1. INSURED:

- a. Full Name:.....
 - b. Address:.....
 - c. Risk Location if different from address:.....
 - d. Telephone #: Home:..... Cell:..... Work:.....
 - e. How is Property occupied?.....
 - f. Policy Number:.....
 - g. Date of payment of last premium:.....
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2. LOSS OCCURRENCE:

- a) Date of loss / damage:.....
- b) Type of loss (e.g. fire, theft, etc.):
- c) What do you believe was the cause?.....
.....
- d) Was the loss / damage reported to any authority (e.g. Police, Fire Department, Public Services department etc.)? YES NO
If yes, name authority, officer and give address:.....
.....
- e) Were the premises occupied at the time of loss / damage? YES NO , if not when & by whom was it last occupied?.....
.....
- f) Do you have reason to suspect any particular person as being responsible for the loss / damage? YES NO , if yes please give name: (.....) and address (.....)

g) FULL DETAILS OF LOSS / RESULTANT DAMAGE:.....

.....
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.....
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.....

OTHER INFORMATION:

i. Please give name and address of any other party interested in the property (e.g. mortgagee, hire purchase, joint-owner etc.):

ii. Give full particulars of all other insurances on the property whether effected by you or anyone else:

iii. Give full particulars of any other loses of a similar nature (whether claim made or not) made in relation to these & other premises:

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DECLARATIONAL:

I / we declare that the information & statements supplied in the above claim are true and correct to the best of my / our knowledge and belief and no material information has been concealed or withheld nor has any attempt been made to deceive the company as to the extent and or nature of the loss / damage.

.....
Signature of Insured

.....
Date

If insured is a company / business that company official stamp to be place here:.....

See guidelines and important notice overleaf:

GUIDELINES WHEN CLAIMING:

- A detailed estimate of loss to be furnished to the company at your expense
- Complete list of all items, property etc. damaged or destroyed to be presented to the company
- Complete list of all stock damage / destroyed showing cost price to be furnished as applicable

IMPORTANT NOTICE:

This PROPERTY CLAIM FORM should be completed in its entirety and signed before submission to the company. Furthermore the completed form should be forwarded to us as soon as possible after the loss / damage occurs but in any event no later than 30 days from the date of loss.

OFFICIAL USE ONLY:

Claim NO.:

List of all documents, plans, received estimated submitted

Action taken

Claims officer: