GEMINIA INSURANCE COMPANY LIMITED

CLAIM FORM FOR PROPERTY DAMAGE OR LOSS

applicable, Fire, Special Perils, 'HOME' Covers, Theft, All Risks, Money, Baggage, Glass

The issue of this for is not an admission of liability on the part of the Company

Policy No.	1	Date of Payment of last premium					
	2	Name					
INSURED	3	Address					
MOONED		Telephone No					
	4	Business or Occupation					
Circumstances	5	Date and time of lossam/pm on20					
giving rise	6	'Where loss or damage occurred					
to claim	7	Describe fully how loss or damage occurred					
General	8	Type of Premises involved					
INFORMATION	9	Were premises unoccupied? If so, when last occupied?					
	10	Are premises self contained? If not, name other occupants					
	11	Are you owner of premises?					
	12	Are you responsible for repairs?					
	13	Have you any suspicious as to parties implicated?					
	14	Is there any other Insurance in force providing cover for this loss? If so give particulars including insurer name, address, and policy No					
	15	Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on insurers					
	16	At the time of the loss what was the value of a) the building?					
		b) all the property in the premises?					
Complete in	17	When were Police notified?					
All cases	18	Address of Police Station					
involving THEFT	19	What other steps have you taken to recover property?					
MALICIOUS DAMAGE or	20	Give full details of freehold of entry to premises					
MISSING	21	If Alarm fitted, did it function properly? If not, reason					
ARTICLES	22	Are guards employed?					
Complete in	23	Starting point and destination of transit					
All cases involving loss	24	Who was accompanying property lost?					
in transit	25	If employees, state age and duties					
	26	Are they Insured under Fidelity Guarantee Policy? If so, Insurers name, address and Policy No					
	27	How often is this transit made?					
	28	What is maximum ever carried at one time?					
Amount claimed	29	K.ShsPlease refer overleaf for details					

I/we declare that I/we have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that articles and property described overleaf belong to me/us and that no other person has any interest thereon whether as Owner, Mortgage Trustee or otherwise except as mentioned in the Policy.

Date	Signed
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DETAILS OF AMOUNT CLAIMED

If claim is for repairable damage, give particulars of damage and a tradesman's estimate for the repairs necessary. If claim is for irrepairable damage or loss, list items below completing all columns (If Policy cover is on new reinstatement basis, the column for Wear, Tear and depreciation is not applicable). Supporting estimates for replacements may be helpful. In cases where reported to police please furnish a police report.

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