

AUREOL INSURANCE COMPANY LIMITED

Kissy House
P. O. Box 647
54 Siaka Stevens Street
Freetown

CLAIM FORM FOR FIRE THEFT BURGLARY MONEY AND ALL RISKS POLICIES

Policy No.....

Name of Insured.....

Address (Private)..... Telephone No.....

Address (Business)..... Telephone No.....

Trade or Occupation (if more than one state all)

Situation or premises or place where loss or damaged occurred.....

Date of loss or damage Time..... a.m./p.m.

Explain fully how the loss or damage occurred

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ADDITIONAL QUESTIONS FOR THEFT BURGLARY MONEY AND ALL RISKS CLAIMS.

When was the loss or damage discovered ? Date..... Time..... a.m./p.m.

By whom was the discovery made ?

When was the property last seen ? Date Time..... a.m./p.m.

By whom was it last seen

When were the police notified ?..... Address of Police Station.....

Have any other steps been taken to recover the property ?

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PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE CLAIM IS IN RESPECT OF A THEFT AT YOUR OWN PREMISES

Total value of contents of premises at time of theft Le..... Are the premises, or any part, let or sub-let ?

How many nights have the premises been unoccupied during the past year ?.....

Was anyone in the premises at the time of the theft ? If so, please give names and addresses

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