

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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Have you ever sustained a loss or claimed against any insurer for any of the risks included in the policy under which this claim is made.

If so, give particulars

Are you the sole owner of the lost, damaged or destroyed property

If not, state the name (s) of any other interested parties and the nature of their interest

In respect of damage to buildings or landlord's fixtures, (including internal decorations), are you responsible for the repair of such damage under the terms of a tenancy agreement

Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made. If so, please give details

PARTICULARS OF THE CLAIM TO BE GIVEN IN DETAIL

In respect of building claims, tradesmens estimates should be furnished before instructions are given for the work to be put in hand. If decorations are involved, please indicate when they were last renewed.

Any damaged property should not be disposed of until permission is given by the Company.

(1) Particulars of each building or article in respect of which this claim is made	(2) Date purchased or received	(3) Name and address of person from whom article was purchased or by whom presented	(4) Original Cost Price	(5) Value at the time of the loss after allowing for age & wear	(6) Amount claimed after allowing for value of the salvage
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Total Amount claimed				

I/We declare the particulars given on this form are true and complete.

Date.....

Signature of Insured.....
(If a Limited Company give status of signatory).

IMPORTANT

This form should be completed and forwarded to the Company at the address shown above as soon as possible and in no case later than 21 days from the date of the occurrence. Claimants are advised to read the conditions of the Company's policies regarding claims before completing this form.