

Claim Form Consequential Loss (Fire) Insurance

(In case space is not sufficient in any column, please give details on a separate sheet)

The issue of this form does not imply admission of liability on the part of the Company.
Kindly answer all questions completely in order to help us to serve you better

BROKER	Claim No
<p><u>INSURED DETAILS</u></p> <ol style="list-style-type: none"> 1. Name 2. Policy No 3. Address 4. Post Code / PO Box 5. Daytime Tel No / Cell No. 6. Contact Name 7. Email ID 8. Nature of Business 	
<p><u>DETAILS OF THE ACCIDENT</u></p> <ol style="list-style-type: none"> 1. When did the loss or damage occur? (State date and hour) 2. Give the name and address of the witness to the occurrence. 3. Location and address of the loss 4. Describe how the loss occurred 5. Period of Interruption (from / to) 6. What is the Standard Turnover? 7. What is the Estimated Reduction in Turnover? 8. What is the Estimated Loss of Gross Profit? 	



Assurance

Covers You Right Through

9. Is there a claim under Add On covers?	Yes / No
10. Total claim under all Sections	PGK _____

General Information:

1. Details of other Insurances: _____

2. Details of other Losses _____

3. Details of Loss Minimization steps taken

DECLARATION

I / We declare that all the details provided are true and complete in every respect to the best of my/our knowledge. I / We understand that the claim may be refused if the information given above is untrue, inaccurate or concealed.

Signed

Date

Name & Status of Signatory