



**Sun**  
**insurance**  
Company Limited

CLAIM No.

Policy No: \_\_\_\_\_  
Premium Paid \_\_\_\_\_  
Excess \_\_\_\_\_

**GENERAL PROPERTY CLAIM FORM**

**1. Policy Holder**

Name of Insured \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**2. Particulars of Loss**

Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_ PM Date Loss Discovered: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Situation \_\_\_\_\_

Description of Loss (including cause of loss or damage, Nature of injury)

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Name and address of person causing damage \_\_\_\_\_

If reported to Police - Date reported \_\_\_\_\_ Name of Police Station \_\_\_\_\_

(Note: Required in **All** cases of loss of theft)

**3. Other Particulars**

Are you the sole Owner of property damaged or stolen? \_\_\_\_\_

If not, please name any other interested party (e.g. Mortgagee, Trustee, etc.) \_\_\_\_\_

Details of other insurances covering the property claimed for \_\_\_\_\_

Have you previously ever made any claim against any Insurance Company? \_\_\_\_\_

What steps have you taken to recover or reduce your loss (eg. advertising) \_\_\_\_\_

**DECLARATION**

I/We declare that all the particulars stated in my/our claim above and overleaf and any statements made in support thereof are true to the best of my/our knowledge and belief and I/we wish to claim from **Sun Insurance Company Limited** the amount(s) stated overleaf.

Date \_\_\_\_\_ \*Signature of Insured \_\_\_\_\_

\* Before signing ensure you have read the declaration and answered all the questions on this form  
N.B. THE BACK OF THIS OFRM MUST BE COMPLETED.

**DETAILS OF CLAIM**

<b>DESCRIPTION OF PROPERTY LOST DAMAGED OR DESTROYED</b> <small>(Incl. Serial No. where applicable)</small>	<b>FROM WHOM OBTAINED (NAME AND ADDRESS)</b>	<b>DATE PURCHASED OR ACQUIRED</b>	<b>PRESENT PURCHASE PRICE</b>	<b>DEPRECIATION FOR AGE, USE OR WEAR &amp; TEAR</b>	<b>AMOUNT CLAIMED</b>
<b>PLEASE ATTACH ANY RELEVANT DOCUMENTS IN SUPPORT OF CLAIM</b>	<b>TOTAL AMOUNT CLAIMED</b>			<b>\$</b>	