



## **THEFT CLAIM FORM**

The issue of this form is not to be taken as an admission of Liability

**PLEASE ANSWER ALL QUESTIONS FULLY**

POLICY NO. .... CLAIM NO. ....

**1. THE INSURED**

Name ..... Email .....

Address .....

Occupation or business ..... Telephone No. .... Business.....

2. Address at which the loss or damage occurred .....

.....

3. When did the loss or damage occur? Date ..... Time ..... hrs..... (eg. 15h30)

4. Describe fully how the loss or damage occurred .....

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.....

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5. When was the loss discovered? .....

6. Who discovered the loss? .....

7. How many guards were on the premises at the time of loss .....

.....

8. Were the guards armed? .....

9. What are their names?.....

.....

.....

10. Did they submit any written statements to Management as the how the loss occurred?

.....

11. If not, why not? .....

.....

12. Who is the contact person at the Security company (include tel. no.)

.....

13. Considering that a number of theft cases have occurred does Management still support the continued

use of Security company? .....

14. If yes, why, considering the high number of claims .....

15. Amount of claim .....

I/We the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect and I/We have made, or in any further declaration in company may require in respect of the said loss shall make any false or fraudulent statement or any suppression or concealment my/our claim shall be absolutely forfeited and the Policy shall thenceforth be null and void.

Witness \_\_\_\_\_ Insured's signature \_\_\_\_\_  
(Signature)

Name \_\_\_\_\_ Date: \_\_\_\_\_

Date \_\_\_\_\_

