

CLAIM FORM  
FIRE /SPECIAL PERILS/HOUSEHOLDER'S  
COMPREHENSIVE/ PROPERTY ALL RISK



**The issue of this claim form is in no way an admission of liability by Al Ahlia Insurance Co SAOC.**

INSTRUCTIONS REGARDING THE CLAIM:

1. Receipts showing date, price and place of purchase of the articles described on the attached statement and documentary evidence to support the present replacement should accompany them where possible.
2. In the case of damage, an estimate for repair should be submitted. If the article is not repairable, a letter from the repairers to the effect should be sent.
3. The form should be completed fully and accurately along with the documents mentioned in the checklist (last page) and returned immediately. If the space is not sufficient for replying to any question, please use additional sheets and affix your signature and stamp

STATEMENT & PARTICULARS OF THE CLAIM

1. Name of the insured: \_\_\_\_\_
2. Policy No.: \_\_\_\_\_
3. Contact person: \_\_\_\_\_
4. Tel.: \_\_\_\_\_
5. Fax: \_\_\_\_\_
6. Address of the insured: \_\_\_\_\_
7. Profession or occupation: \_\_\_\_\_
8. Date & time of occurrence: \_\_\_\_\_
9. Name of the person by whom the incident was first discovered: \_\_\_\_\_
10. Full description of the incident and the circumstances under which it was discovered: \_\_\_\_\_
11. Were the premises unoccupied at the time of loss?  Yes  No
12. If yes, state for how long? \_\_\_\_\_
13. How was the entrance gained (in case of theft)? \_\_\_\_\_
14. a) State nature of your interest in the property claimed (for eg.: owner, trustee, hirer etc.,). If not the sole owner of the property, please give details of the other owners: \_\_\_\_\_  
b) If this claim concerns damage to the premises and/or interior decorations, state whether you are owner, tenant or lessee: \_\_\_\_\_
15. a) Is any part of the premises, lent let or sub-let or are paying guests received?  Yes  No  
b) If yes, please give details: \_\_\_\_\_
16. a) Is there any other insurance in force upon the property claimed for?  Yes  No  
b) If yes, please give full details: \_\_\_\_\_

17. a) Have you had any previous losses arising from risk covered under this policy or any similar policies?  Yes  No

b) If yes, please give brief details: \_\_\_\_\_

18. Please mention the steps taken by you to prevent the recurrence of such events: \_\_\_\_\_

19. At what place, date and time was the property last seen by you? \_\_\_\_\_

20. a) State the estimated cost of rebuilding the complete property (building claims only): \_\_\_\_\_

b) Date when sum insured was last increased: \_\_\_\_\_

c) State the total value of the contents of the premises at the date of the occurrence: \_\_\_\_\_

21. Full address of the police station to which the notice of the incident was given, with time and date.

\_\_\_\_\_

22. What other steps have been taken to recover the property? \_\_\_\_\_

23. If this claim concerns jewellery, give name and address of jeweller who last examined it. \_\_\_\_\_

\_\_\_\_\_

**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 agree that if I/we have made, or in any further declaration of the Company many require in respect of the said occurrence, shall make any false or fraudulent, statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall henceforth be null and void.**

Signature of the Insured: \_\_\_\_\_ Date: \_\_\_\_\_

## SUMMARY OF LOSSES

- Description of the property
- When and where bought
- Price paid or estimated cost of repair
- Present replacement cost
- Allowance for wear & tear, depreciation etc.
- Value of article after damage
- Amount claimed
- Total amount claimed

**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 agree that if I/we have made, or in any further declaration of the Company many require in respect of the said occurrence, shall make any false or fraudulent, statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall henceforth be null and void.**

Signature of the Insured: \_\_\_\_\_ Date: \_\_\_\_\_