



PELICAN

CLAIM FORM

FIRE AND OTHER PERILS, EXCLUDING BURGLARY

CLAIM NO: _____ POLICY NO: _____ AGENT: _____

INSURED: _____

ADDRESS _____ PHONE: HOME _____

OFFICE: _____

PLEASE PROVIDE AN ANSWER TO EACH OF THE FOLLOWING QUESTIONS

1. What was the nature of the occurrence? (e.g. "Fire") _____

2. When did it take place? Date: _____ Time: _____

3. At what address did it occur? _____

4. Describe briefly what happened and the resultant damage: _____

5. Were the premises occupied at the time of the loss? YES NO
If not, on what date and at what hour were they last occupied? _____

6. What do you believe was the cause? _____

7. What were the premises being used for? _____

8. a. Has the loss been reported to the Police/Fire Authorities? YES NO

b. If YES, on what date and at which station: _____

9. a. Are you the sole owner of the Property damaged or destroyed? YES NO

b. If NO, give full particulars of other interest _____

10. a. At the time of the occurrence, were there any other insurance on the Property whether affected by you or anyone else? YES NO

b. If YES, give full particulars: _____

11. a. Have you had any other losses of a similar nature? YES NO

b. If YES, give full particulars _____

PLEASE PROVIDE DETAILS OF THE PROPERTY DAMAGED OR DESTROYED ON THE FOLLOWING PAGE (S)

I do hereby declare that the above information is a true and accurate statement and that the articles mentioned on the following page(s), being my property and insured under the Policy or Policies, were lost or damaged by the stated occurrence according to the extent and values detailed on the following page(s), and I hereby claim from **Lloyd's** the sum of CI US \$ _____

Signature of Claimant: _____ Date: _____

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If your claim is in respect of BUILDINGS, attach two (2) Builder’s estimates, obtained at your own expense, for the Cost of restoring the Building to the same state as it was in immediately before the occurrence – no contemplated improvement may be included in the Estimates.

If the claim is for CONTENTS, a complete list of the articles destroyed or damaged must be given. Against each item please state:-

1. The original Cost Price – Column (1)
2. The current Cost or replacement Price if irreparable – Column (3) or the estimated repair Cost of the item if repairable – Column (4)
3. The Value of any Salvage – Column (5)
4. Enter the net amount of the loss in Column (6)

If the claim is for STOCK IN TRADE, the COST PRICES of the items claimed (i.e. after deduction of all Discounts and Trade Allowances for Cash Payments) must be submitted.

PARTICULARS OF PROPERTY DAMAGED OR DESTROYED

Item No.	Description	(1) Original Cost Price	(2) Date of Purchase	(3) Current Replacement Cost	(4) Est. Repair Cost	(5) Salvage Value	(6) Net Amount Claimed

PLEASE APPEND ADDITIONAL SHEETS, IF NECESSARY