

**CHAMPIONS INSURANCE COMPANY (PVT.) LTD.  
CLAIM FORM**

FOR ALL RISKS, FIRE, MONEY,  
HOUSEHOLDERS, HOUSEOWNERS,  
BURGLARY, COMBINED, SPECIAL PERILS

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BROKER/AGENCY .....POLICY NO.....CLAIM NO.....

**1. THE INSURED**

Name..... Identity No.....  
Address.....  
.....Postal Address.....  
Occupation or business.....Telephone No. Home.....Business.....

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2. Address at which the loss or damage occurred.....
  3. When did the loss or damage occur? Date.....Time.....h..... (e.g.15h30)
  4. Describe fully how the loss or damage occurred.....  
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  5. Have you previously suffered a loss?.....Full description of previous claims/losses.....  
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  6. Were the premises occupied at the time of loss or damage?.....If not, when was it last occupied.....
  7. How were the premises occupied at the time of loss or damage?.....
  8. Was the loss or damage reported to the Police?.....If not, why?.....  
If so, when and where.....Z. R. Police reference No.....
  9. Are you the sole owner of the lost or damage?.....If not give full particulars of other parties concerned.....
  10. Is there a bond on the property?.....
  11. What is your estimate value of the building(s) at the time of loss or damage? \$.....
  12. What is your estimate value of the entire contents at the time of loss or damage? \$.....
  13. Has the building(s) has a thatch roof?.....
  14. Is the lost or damaged property insured under any other policy?.....If so, give full particulars.....

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I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

SIGNED AT.....ON.....

SIGNATURE OF INSURED .....

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY**