Statewide Insurance Company Ltd.

SWICO
STATEWIDE INSURANCE COMPANY

Head office:-
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THEFT AND "ALL RISKS" CLAIM FORM

AGENCY………

Insured

Policy No: ……

Name ……..……

Business or occupation ……

Address……Telephone no……

Property

Are you the sole owner?.....

Are there any other insurances on the property?.....

If so give particulars……

Circumstances

When and where were property last seen? Date……..Time……am/pm

Where……

When was loss or damage discovered? Date……..Time……am/pm

Address where loss or damage occurred…….

Have the police authorities been informed?.....Date……

If so at what station?.....

Please now complete either section A or B but not both

A. Theft from Premises

When did the Theft occur? Date……..Time……..Am/Pm

Were premises forcibly entered? .....

If so how was the entrance affected?.....

If premises were not forcibly entered.

From what part of the premises were goods removed?.....

Has the thief been identified?.....

What evidence is there to prove that a theft has actually occurred?.....

……

Has any arrests been made?.....

B. Other loss

Full particulars of circumstances of loss or damage……

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DETAILS OF PROPERTY LOST OR DAMAGED

No.	Full Description	From whom purchased or by whom presented (attach copies of receipts or vouchers)	Date of purchase or requisition	Original cost	Amount Claimed In Ushs

I /We hereby declare that the above statements and the information given overleaf are true to the best of my/our knowledge and belief.

I /We further declare that to my /our knowledge no person(s) other than my self/ ourselves have/has any interest in the lost or damaged property by bill of sale or as owner(s), mortgagee(s), trustee(s), or otherwise.

Accordingly I /We claim the sum of Ushs. .....

Date & Stamp ……. Signature of Iinsured……..

Witness …….

Date……

A list of all lost or damaged property should be furnished on a separate sheet if it can't fit in the table above