CO-OPERATIVES GENERAL INSURANCE LTD.





Agency / Broker:
Applicable to: Fire, Domestic Package, Burglary, All Risk, Money, Glass and Goods in transit. The issue of this form is not an admission of liability on the part of the Company. All questions on this form must be answered in full
Insured Details
Name:
Postal Address: Code: Town:
Age: Years Tel No: Mobile:
Occupation:
Email:
Financer Details (<i>If any</i>):
Circumstances
1. Date of loss: AM: PM:
2. Where did the loss or damage occur:
3. Describe fully how loss or damage occured:
4. Is the premises fitted with an alarm? Yes: No: If yes, was it activated? Yes: No:
5. Is the premises guarded? Yes: No: If yes, name of security firm:
6. Were the premises occupied? Yes: No: If not, when were they last occupied?
7. Are you the owner of the premises: Yes: No: If not, are you responsible for repairs Yes: No:
8. Are there people implicated in the loss: Yes: No: No:
9. Is there any other insurance in force providing cover for this loss? Yes: No: If yes, give particulars including insurer's name:
10: Have you ever suffered similar loss or damage? Yes: No: No:
11. Were police notified Yes: No:
12. If yes, attach the police abstract report:

13. What steps have you take	en to recover the lost pro	perty?				
Complete in all cases involv	ving LOSS OF MONEY &	GOODS IN T	RANSIT			
1. Transit from:	То:					
2. How often is this transit m	ade?					
3. What is the maximum eve	r carried at one time?					
4. Who was accompanying th	e property lost?					
5. If employees, state how m	any?	Po	osition(s)			
6. Do you suspect involveme	nt of the employee in the	e loss? Ye	es: No:			
7. Are they insured under Fid If yes, provide insurer's detai		Yes:	No:			
NB: - If claim is for repairable damage, give particulars of damage and a trademan's estimate for the repairs necessary. - If claim is for irreparable damage or loss, list the items below comleting all columns and attach either proforma invoice, replacement receipts or purchase receipts						
Full Description of Property	Where and When Acquired	Purchase Price	Replacement Cost	Details of Salvage or Recovered Property		
		Total				
I/We hereby declare that the and I/We agree that if I/We h concealment of any material	ave made any false or un	true stateme	ent(s), or if ther	e be any suppression or		
Date:	Signature & Stamp:					
Title: (If Policy holder is body/corp	oorate, title of person sig	ning)				

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