



# Allied Insurance Company

of the Maldives Pvt Ltd

#04-06 S.T.O. Trade Centre, Orchid Magu, Male', Republic of Maldives. Tel: (960) 32 46 12, Fax: (960) 32 50 35  
email: info@alliedmaldives.com website: http://www.alliedmaldives.com

## PROPERTY CLAIM FORM

It is very important that a complete answer to be given to every question. If insufficient space is provided for your answer please continue on a separate sheet.

CLAIM NO.	ACCOUNT NO.	POLICY NUMBER	RENEWAL DATE	NAME OF AGENT
			/ /	

### Insured or Policyholder

Full Name \_\_\_\_\_

Private Address \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

Business address \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

Occupation / Business \_\_\_\_\_

### Circumstances of loss or damage

Nature of loss or damage \_\_\_\_\_

Date and Time \_\_\_\_\_

Place where the event occurred \_\_\_\_\_

State fully what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and by whom discovered \_\_\_\_\_

If known, state name and address of person causing the loss or damage \_\_\_\_\_

### Police

Were particulars taken by or reported to the police? YES / NO \*

If YES, (a) give name of Station \_\_\_\_\_ (b) attach a copy of their report.

N. B. The Police must be informed immediately if the property has been lost, stolen or maliciously damaged.



## GENERAL QUESTIONS

Is there any other insurance on the property? YES / NO \*

If YES, give details \_\_\_\_\_

Have you ever made a claim of this nature on any insurer or underwriter? YES / NO \*

If YES, give details \_\_\_\_\_

### Additional Questions if the loss occurred indoors

State the nature of the occupancy of the premises \_\_\_\_\_

Were the premises occupied at the time of the loss? YES / NO \*

If NO, give date and time they were last occupied \_\_\_\_\_

If entry was illegal, how was it obtained? \_\_\_\_\_

\_\_\_\_\_

### Additional Questions for glass breakage claims only

Size of broken glass \_\_\_\_\_

Type glass \_\_\_\_\_

Situation (e.g. door, window, showcase, e.t.c.) \_\_\_\_\_

Was the glass sound before the breakage? YES / NO \*

Do you wish the reglazing to be deferred until further notice? YES / NO \*

\*DELETE AS REQUIRED

## Declaration

I / We declare that these particulars are true to the best of my / our knowledge and belief

Signature \_\_\_\_\_ I / C No. \_\_\_\_\_ Date \_\_\_\_\_