

# GENERAL CLAIM FORM



Note: - This Company does not admit liability with the issuance of this form.

<b>INSURED</b>	1. Name in Full _____ Address: _____ _____ Telephone No: Business _____ Private _____																																																								
<b>PARTICULARS</b>	1. Date of loss, damage or occurrence _____ 20_____ Time _____ am/pm 2. Place and or premises where it occurred: _____ 3. Please state full particulars how loss, damage or accident occurred; discovered; nature of damage or injury. _____ _____ 4. Please indicate name and address of person responsible for damage: _____ _____ 5. Are you the sole owner of the property lost or damaged? (yes/no) If not, please state particulars: _____ _____ 6. Do you hold any other insurance under which a claim for this loss, damage or accident may be made? (Yes/No). If so, please state full details: _____ _____																																																								
<b>PLEASE COMPLETE IF APPLICABLE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Item Number</th><th style="width: 30%;">Description of lost property or damaged (Please show each item separately)</th><th style="width: 10%;">Date Purchased</th><th style="width: 10%;">Present Cost of Replacement</th><th style="width: 10%;">Depreciation for Age and Condition</th><th style="width: 10%;">Value Salvage (if any)</th><th style="width: 10%;">Amount of Claim</th></tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>7.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Item Number	Description of lost property or damaged (Please show each item separately)	Date Purchased	Present Cost of Replacement	Depreciation for Age and Condition	Value Salvage (if any)	Amount of Claim	1.							2.							3.							4.							5.							6.							7.						
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	8.				
	9.				
	10.				
N.B. - Statement must be furnished in detail					Total Claimed K _____
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
					TOTAL CLAIMED: K _____
ADDITIONAL PARTICULARS	PLEASE COMPLETE WHERE APPLICABLE				
	<b>FOR SPECIAL RISKS, BURGLARY, AND THEFT CLAIMS</b>				
	1.	Have Police been informed of the loss? (Yes/No). Police station reported to _____			
	2.	Reported by _____ Date _____ Police File No _____			
	3.	Has loss been advertised in newspaper? (yes/no). (Please attach newspaper cutting) _____			
	<b>FOR GLASS BREAKAGE CLAIMS</b>				
	4.	Have you arranged replacement, and if so be whom? _____			
	5.	Do you require us to settle the glazier's account or make payment direct to you? _____ _____			
	<b>FOR PUBLIC LIABILITY CLAIMS</b>				
	6.	Name and address of any person injured, or owner of property damaged _____ _____			
	7.	Was person injured or owner of property damaged, in your service, or in the service of any contractor or subcontractor? _____			
8.	Has a claim been made on you? (YES/NO). (If yes, please state details, and attach any relevant papers.) _____ _____				

	<p>9. Names and addresses of witnesses of accident. (N.B. - this information is of the utmost importance _____ _____</p> <p>10. Name of insurer of any property damaged: (NOTE - The Insured should not admit liability or advise he is insured).</p>
	<p style="text-align: center;"><b>FOR STORM CLAIMS</b></p> <p>11. Did the storm cause damage to the building? _____</p> <p>12. If yes, please give brief details _____</p>

	<b>DECLARATION</b>
	<p><b>I wish to make a claim under my policy as detailed in this claim form, I declare that:</b></p> <ol style="list-style-type: none"> <li>1. I have been full and frank in providing you with information relating to my claim.</li> <li>2. The amount I am claiming is no more than the amount of my loss.</li> <li>3. Herewith below are our/my banking details to expedite settlement.</li> </ol> <p><b>Bank:</b> _____ <b>Branch:</b> _____ <b>A/C Name:</b> _____</p> <p><b>A/C Type:</b> _____ <b>A/C No:</b> _____</p> <p><b>Your Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Witness: Name:</b> _____ <b>Signature:</b> _____</p>

**Pacific MMI Insurance Limited**  
 Level 4, PMMI Building, Champion Parade, Port Moresby  
 P.O. Box 331, Port Moresby  
 Telephone (675) 321 4077 Facsimile (675) 321 7898 or 321 4837