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GENERAL CLAIM FORM

A IMPORTANT REMINDER

- 1 It is important that all questions are answered. If not applicable, write "n/a"
- 2 The issue of this claim form is not a admission of liability by PAG
- 3 If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
- 4 The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the policy(cies) used by PAG.

B INSURED DETAILS

- 1 Name of Insured:.....
- 2 Address..... Post Code.....
- 3 Private Tel No..... Business Tel No.....
 Mobile No..... Facsimile No.....
 Email..... Occupation.....

C PROPERTY DETAILS

- 1 Are you the owner of the property being claimed for? Yes/No
 If "NO" please give details.....
- 2 Was there any other insurance covering this same current at the time of occurrence? Yes/No
 If "Yes", please give details.....
 Name of insurer..... Policy No.....
- 3 Name and address of other interested party(ies) (ie. Finance company, lease company)

D DETAILS OF PREMISES

- 1 Where did the loss occur?
 Address.....
- 2 Describe the premises (ie. Factory, warehouse. Office block, etc).....
- 3 Are the premises tenant? Yes/No
 If "Yes", please give details of tenant.....
- 4 Were the premises occupied at the time of the loss? Yes/No
 If "NO" please give details when last occupied.....
 Name..... Date Occupied.....
 Name..... Date Occupied.....
 Name..... Date Occupied.....

E INCIDENT DETAILS

- 1 Date of loss:...../...../..... Time of loss.....(am/pm)
- 2 How did loss or damage occur?.....

3 Was another person responsible for the damage? Yes/No

If "Yes", please give details

Name..... Address.....

Telephone (Bus)..... Private.....

4 If damage is the result of fire, did the fire brigade attend? Yes/No

5 Have you made a claim on any insurer for any of the above mentioned incidents? Yes/No

If "Yes" please give details

Insurer	Date	Amount
...../...../.....	K.....
...../...../.....	K.....

F BREAKAGE OF GLASS DETAILS

Please attach invoice or quotation

1 what was broken?.....

.....

.....

2 Was the break through the entire thickness of the material? Yes/No

3 Has the break been repaired? Yes/No

4 Have you paid the account? Yes/No

5 Was there damage to window signwriting? Yes/No

G STORM AND WATER DAMAGE DETAILS

1 Describe the damage.....

.....

.....

2 How did the wind, rain or water enter the premises?.....

.....

.....

3 Did the storm cause this opening? Yes/No

If "Yes", please give details.....

.....

.....

.....

H BURGLARY/THEFT

Please attach original purchase dockets, invoices or receipts. Please provide as much proof about owning the items as possible in order to help us to process you claim quickly

1 How were the premises entered and where was the point of entry?.....

.....

.....

2 Which parts of the premises were entered?.....

.....

.....

3 Have the police recovered any property? Yes/No

If "Yes", please give details

.....

.....

.....

.....

I SECURITY DETAILS

1 Are any of these used to provide security to the premises?

Keyed window locks on all accessible windows Yes/No

Grilles on all accessible windows and doors Yes/No

Double keyed deadlocks on all perimetre doors Yes/No

Back to base (please attache activity report) Yes/No

Perimeter Alarm Yes/No

Interna Alarm Yes/No

Fixed Safe Yes/No

Free standing safe Yes/No

None

2 Did the alarm activate as a result of theft? Yes/No

ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE

J POLICE DETAILS

1 Have the police been notified? Yes/No

if "Yes", by whom?

Name..... Telephone No.....

Police Station..... Date Notified...../...../.....

Crime report no.....

Please attach a copy of the police report, if applicable

K CLAIM DETAILS

Please attach quotations

if insufficient space, please attach list and should total amounts only below.

DAMAGE TO BUILDING

Particulars	Name of Repairer	Amount Claimed
1	K.....
2	K.....
3	K.....
4	K.....
5	K.....
6	K.....
7	K.....
8	K.....
9	K.....
10	K.....

K LOSS OR DAMAGE TO OTHER PROPERTY

Desc of Property (including serial No)	Where Purchased	When Purchased	Value at Time of Loss	Replcement value
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Total

We are not responsible for any payment of invoices to a third third party

L DECLARATION

I/WE DECLARE THAT:

- 1 THE INFORMATION AND ANSWERS GIVEN ABOVE ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.
- 2 I/WE UNDERSTAND THE CLAIM MAY BE REFUSED OR REDUCED IF INFORMATION IS WITHHELD
- 3 I/WE AUTHORISED PAG TO DISCLOSED INFORMATION CONTAINED HEREIN TO ADVISORS, REINSURERS AND TO OTHER INSURERS. I/WE AUTHORISE PAG TO OBTAIN FROM ANY OTHER PARTY INFORMATION THAT IS, IN PAG'S VIEW RELEVANT TO THIS CLAIM.

Signature of insured..... Date...../...../.....