

THEFT CLAIM FORM

I/We										
Of						Phone	No.			
being ir	nsured	under Policy I	No.				in re	espect of whic	h the	last premium
was pa	id by m	e on	<u> </u>				do	hereby decla	re tha	at at or about
		o'clock on t	he	day of			20	a th	eft wa	as committed
upon m	ıy/our p	remises at:								
occasio	oned, to	the best of r	ny knowle	dge and belief, in m	nanner	, following:				
And I/We further declare that the property described on the other side, belonging to me/us and insured under the said Policy, was stolen and that the amounts severally stated represent the sum I/we am/are entitled to claim, in terms of the Policy.										
I/We further declare that no other person has an interest in the said property whether as owner, Mortgagee, Trustee, or otherwise, and that it is not otherwise insured against Theft with this or any other office, except as under mentioned.										
I/We also declare that the whole of the statements made by me/us in this Form of Claim and any supplementary statements, forming part of the claim are in every respect true, and I/We agree that if I/We have made any false or untrue statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the Policy shall be absolutely forfeited.										
Witne	ss my/o	our hand this					day of		20	
Witness					Claimant's Signature					
Occupation						Occupation				
Stater	ment of	the Insurance	es in force	upon the Property	above	described				
₩		In the Insur			rance Co., by Policy No					
#	Nt In the Insur		rance Co., by Policy No							
₩ In the			Insurance Co., by Policy No							
Discov	ery of	Loss: the Ins	ured must	promptly take all pr	ractica	l steps for o	discovering a	and punishing	the o	 juilty party or

Notification of Police: The Police Authorities must be notified of loss without delay.

parties, and for tracing and recovering the property lost.

QUESTIONS TO BE ANSWERED BY CLAIMANT

1.	Give your business address and telephone number					
2.	On what date and at what hour was the theft discovered and by whom?					
3.	Were any doors or windows forced? if so, which?					
4.	Was the Premises occupied at the time of the theft?					
	If not, upon what date and at what hour were they occupied?					
5.	Was a night-watchman actually on duty at the premises at the time of the theft?					
6.	Do your suspicions rest upon anyone? if so, whom?					
7.	Give date the Police were advised and name of Police Station?					
8.	At the time of the theft, at what figure would you value the total contents of your premises?					
9.	For what sum do you insure the contents against fire and with what Company?					
10.	Have you ever sustained loss by fire or theft?					

STATEMENT OF CLAIM

- **N. B.** (1) The amount to be claimed on any article is limited to the actual intrinsic value at the time of the loss. The amount of damage should be stated, with full details at the foot.
 - (2) Receipts obtained at the time of purchase of the under mentioned articles should be attached wherever possible for inspection and subsequent return.

NO. OF ARTICLES	DESCRIPTION	BELONGING TO	WHEN AND WHERE BOUGHT	PRICE PAID	DEDUCTION FOR AGE, USE AND/OR WEAR AND TEAR	AMOUNT CLAIMED

Head Office: Plot 20, Block 94, Providence Str, Off Adewunmi Adebimpe Str, Lekki Phase 1, Lagos.

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