



**Other Information**

1. Do you own the property? .....  Yes  No

If No, give name and address of the owner \_\_\_\_\_

2. Are you responsible by agreement for the property? .....  Yes  No

If Yes, please forward a copy of the agreement.

3. Is there other insurance covering the property? .....  Yes  No

If Yes, please state the name of Insurer and Policy No \_\_\_\_\_

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

5. Were the premises occupied at the time of occurrence? .....  Yes  No

If No, when was it last occupied? \_\_\_\_\_

6. How was entry into premises gained? Were there any signs or evidence of forcible and violent entry?

\_\_\_\_\_  
\_\_\_\_\_

**SUPPORTING DOCUMENTS**

- 1. Photographs of the damaged property
- 2. Quotations of repair or replacement of the damaged property
- 3. Police Report

**DECLARATION**

I declare that the information given is true and correct to the best of my knowledge and belief. I understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and the Insurer may refuse to pay the claim.

Signature \_\_\_\_\_ Company's Stamp \_\_\_\_\_

Name \_\_\_\_\_ NRIC No \_\_\_\_\_

Date \_\_\_\_\_