



SACOS INSURANCE COMPANY LIMITED
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**CLAIM FORM
FOR HOUSEHOLDERS AND BUSINESS PREMISES**

1. Policy No.
2. Name of Insured Tel. No.
3. Details of loss or damage
- (a) Place
- (b) Date (c) Time
- (c) Cause
4. (a) Did you notify the Police/Fire Brigade? YES NO
- (b) If so, when?
5. Did the Police/Fire Brigade visit the scene? YES NO
6. In your opinion whom do you consider responsible for the loss or damage?
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7. State the nature of your interest in the damaged property (Owner, Lessee, Mortgagor, Trustee, etc...)
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8. Does any person or firm e.g. SHDC or financial institution, have an interest in the damaged property? YES NO
9. (a) Are there any other insurances on the damaged or lost property? YES NO
- (b) If so, give particulars
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10. Please describe how the damage or loss occurred
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BOTH SIDES OF FORM MUST BE COMPLETED

STATEMENT OF CLAIM

NOTE: The amount which can be recovered on any property is limited to the sum insured. Each article must be separately stated and the value at the date of the damage is to be based on the sum insured, less due allowance for depreciation and wear and tear. Full allowance must also be made for the value of the salvage, if any.

If possible a detailed estimate to put the property in the same state of repair as previous to the damage should accompany this form.

All articles damaged or salvaged must be protected by the Insured from deterioration until instructions are received from the Insurers or their Assessors.

THE COMPANY RESERVES THE RIGHT TO (a) INSPECT ALL DAMAGED ARTICLES. (b) APPOINT LOSS ADJUSTERS.

(1) Property destroyed lost or damaged	(2) Sum Insured	(3) Date of Purchase	(4) Amount Claimed
TOTAL AMOUNT CLAIMED			

We hereby claim for loss by destruction or damage and declare the information given thereon is true to the best of my knowledge and belief.

NOTE: The Sum Insured under the Policy is automatically reduced by the amount of any loss paid and should the Insured again require protection in this respect the Policy must be presented to the Insurers for endorsement and appropriate additional premium paid.

Signature of insured or his/her legal representative:

Address:

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Date:

Time: