

Orient Insurance Ltd (PB 4720)

Head Office 133, New Bullers Road, Colombo 04, Sri Lanka Tel (+94 11) 203 0300

PROPERTY CLAIM FORM

THIS CLAIM FORM IS ISSUED WITHOUT PREJUDICE TO THE LIABILITY UNDER THE POLICY

Date of issue:

| Policy No | Claim No |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| INSURED OR POLICY HOLDER | |
| 1.Full Name : | 2. Private Address |
| | Phone No. |
| 3.Business or Profession | 4. Business address. |
| | Phone No. |
| CIRCUMSTANCES OF LOSS OR DAMAGE | |
| 5. Nature of Loss or Damage | |
| 6. Date Time | Place |
| * ** | |
| | |
| 8. When and by whom discovered | |
| | loss or damage |
| | |
| POLICE | |
| 10. Were particulars taken by or reported to the police? If yes, give name of station and event no | |
| 11. Has any person been or may any person be charged wit | th any offence arising from this loss or damage? |
| | |
| 12. In case of loss by fire, was the help of fire services sould "yes" give the name of fire service station | ght? Yes/No |
| | |
| | |
| | |



13.DETAILS OF PROPERTY LOST OR DAMAGE Description of the property and extent of Date acquired Cost Price Value at time of loss Amount Claimed loss/Damage purchased Rs. Rs. Rs. 14. What is the value of the property insured by this policy? 15. What is the total value of contents at premises at the time of loss or damage? 16. Do you own the property? Yes/No 18. If the property subject to a hire purchase mortgage or loan agreement? 19. If "Yes" give name of the finance or lending Company, their address and agreement no...... 20. Was the property on hire or loan to another party? 21. If "Yes", give name and address of party. 22. Is any other party interested in the property? 23. If "Yes" give name and address of the party and extent of interest. 24. Are you responsible by agreement for the property? Yes/No 25. If "Yes" please forward a copy of the agreement



| GENERAL QUESTIONS | | |
|---------------------------------------------------------------------------------------------|--|--|
| 26. Is there any other insurance on the property? | | |
| 27. If Yes, give details. | | |
| 28. Have ever made a claim of this nature on any insurer? Yes/No. | | |
| 29. If "Yes" give details. | | |
| Additional questions If the loss occurrence Indoors | | |
| 30. State the nature of the occupancy of the premises | | |
| 31. Were the premises occupied at the time of the loss ? | | |
| 32. If "No", give date and time they were last occupied. | | |
| 33. If entry was illegal, how was it obtained? | | |
| | | |
| Additional Questions for glass breakage claims only | | |
| 35. Size of broken glass. | | |
| 36. Type of glass. | | |
| 37. Situation (e.g./door, window, showcase, etc.). | | |
| 38. Was the glass sound before the breakage? Yes/No. | | |
| 39. Do you wish the glass replacement process to be differed until further notice | | |
| Bank Account Details of the Insured for Claim Settlement | | |
| 01. Name of account holder, the cheque to be credited: 03. Type of Account: Savings Current | | |
| 02. Name of the Bank and Branch: 04. Account No: | | |
| Declaration | | |
| I/We declare that these particulars are true to the best of my/our knowledge and belief. | | |
| Signature: NIC No. Date: | | |
| Name: | | |
| Designation: | | |
| Contact No/s: | | |