

## **Orient Insurance Ltd** (PB 4720)

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

## PRODUCE- IN- TRANSIT CLAIM FORM

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

Date of issue:

It is important that a complete answer be given to every question. If insufficient space has been provided for your answer, please continu on a separate sheet of paper.	e
Policy No Claim No	
INSURED OR POLICY HOLDER	
1. Name and business address of Insured	
Telephone No:	
CIRCUMSTANCES OF LOSS OR DAMAGE	
5. Nature of Loss or Damage	
6. Date Time Place	
7. State fully what happened	
8. When and by whom discovered	
9. If known, state name and address of person causing the loss or damage	
POLICE	
10. Were particulars taken by or reported to the police? Yes/No  If yes, give name of station and event no	
11. Has any person been or may any person be charged with any offence arising from this loss or damage?  Yes/No	
If yes give (a) name of person	t)
12. In case of loss by fire, was the help of fire services sought? Yes/No If "yes" give the name of fire service station	

## 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 17. If "No" give the name and the address of the owner ..... 18. If the property subject to a hire purchase mortgage or loan agreement? Yes/No 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? Yes/No
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?
39. Do you wish the re-glassing 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: