

## “All Risks” Claim Form

Name of Insured :		
Address :		
Telp. No. :		
Policy No. :		
1	a	State whether the property was stolen, lost or damaged.
	b	If stolen, do your suspicions rest on anyone and if so, whom?.....
	c	When and where was the property last seen by you?
2	On what date and time was the theft, loss or damage discovered and by whom? ... ..	
3	State the circumstances under which the theft, loss or damage took place. ... ..	
4	Are you the sole owner of the property? ... .. If not give name of owner. ... ..	
5	If the claim is in respect of any article not separately mentioned give the number of the policy item and the present value of all the property to which that item applies.	
6	If the property was stolen or lost give the date the Police were advised, name of Station and report number.	
7	Are there other insurances on the same property? ... ..	
8	Have you previously sustained any theft or loss of or damage to property ? ... ..  Was claim made upon any company or Underwriters? If so, give name, date, nature of loss and amount paid.	

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Claim & Support Division

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I hereby warrant the truth of the foregoing statements.

Date .....

.....  
SIGNATURE OF INSURED



STATEMENT OF CLAIM

N.B. – This statement of Claim, duly completed should be delivered to the Company immediately. 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 foot.

Full Description of Property	State to Whom Property belonged	Where and When Bought	Cost Price		Deductions Depreciation and/or Wear & Tear		Amount Claimed	