Evolution
Insurance Company (Pvt) Ltd
HONESTLY IT'S THE BEST POLICY

GENERAL CLAIM FORM

SOME QUESTIONS MAY NOT APPLY TO YOUR SPECIFIC LOSS. IF SO PLEASE INDICATE N/A (NOT APPLICABLE)
ACCEPTANCE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY BY THE COMPANY

1. INSURED	Name ..... Tel No. (H) ..... (W) ..... (Cell) ..... Home Address ..... Fax ..... Business Address ..... E-mail .....
2. DATE TIME & PLACE OF LOSS OR POLICE REPORT	Date of Loss ..... 20 ..... Place ..... Time ..... Was Building Occupied ..... If No how long was it unoccupied ..... When was loss reported to police? Date ..... Time ..... To which Police Station was the report made ..... Name & Force No. of Officer ..... Who reported to the Police ..... Police Ref No. .....
3. ACCOUNT OF INCIDENT	Please describe fully cause of this claim ....
4. DAMAGE OR INJURY	Please detail extent of damages to building/vehicle (N.B.) Property schedule needs to be completed overleaf .... What is the estimate to repair damaged property?$ .....
5. DAMAGE TO OTHER PEOPLE'S PROPERTY	Name of owner ..... Address ..... Tel No. ..... Extent and description of damage to their property .... Do you know who their insurers are Yes/No If Yes, Who? .....

STATEMENT OF CLAIM - Please note that all columns must be completed

DESCRIPTION OF ARTICLE (please state serial no's or any other identifying marks)	DATE & PLACE OF PURCHASE	REPLACEMENT PRICE
	TOTALS	

I declare all information herein to be true and correct to the best of my knowledge and belief.

Name in Full ..... Designation .....

Signature ..... Date .....

IF FUNDS ARE TO BE TRANSFERED DIRECTLY INTO AN ACCOUNT STATE:

Bank name ..... Branch ..... Acc name ..... Acc No. .....

Signature .....

FOR OFFICIAL USE ONLY

AGENCY ..... POLICY NO ..... CLAIM NO .....

EFFECTIVE DATE OF COVER ..... RENEWAL DATE ..... SUM INSURED .....

PREMIUM PAID YES/NO ..... DATE PAID .....

ESTIMATE ..... EXCESS .....