

EVOLUTION INSURANCE COMPANY.

TO : The Member-in-Charge ZR Police

Date :

Claim Number :

Would you please be kind enough to return the original of this form, completed as appropriate.

INFORMATION SUBMITTED TO US

PLEASE ADVISE

Name of person who advised police
.....

If reported to you : YES/NO

Physical Address of above
.....
.....

Lost Property Book ref

Name and address of Company or Individual owning
Or in lawful custody of items
.....
.....
.....

Crime Register ref

Station

Value of property\$.....

Name of the accused (if applicable)
.....

Date reported to police
.....

In cases of theft or house burglary

Method of entry

Police station
.....

If property advised as stolen does not
tie up with the opposite, state difference
.....
.....

Date of loss

Has any property been recovered, if so
give details.....

Location of loss / accident

.....

Brief details of loss/ accident (including list of
.....
.....

Have you noted our interest in the event
of recovery? YES/NO.....

Signature

items stolen, if applicable)
.....
.....
.....
.....

