

**CHUBB GROUP OF INSURANCE COMPANIES**

FEDERAL INSURANCE COMPANY

Incorporated in U.S.A. with limited liability

24th Floor Harcourt House, 39 Gloucester Road, Wanchai, Hong Kong.
Telephone : (852) 2861 3668 Facsimile : (852) 2861 2681

Claim No: _____

Agent/Broker: _____

MISCELLANEOUS CLAIM FORM

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY, AND IT MUST BE COMPLETED AND RETURNED TO THE COMPANY IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

WHAT TO DO IN THE EVENT OF A CLAIM

1. Attach all quotations obtained for replacement of or repair to the damaged or missing property.
2. Attach valuations and receipt for purchases whenever possible.
3. Advise Police immediately in the event of loss by Burglary, Housebreaking, Theft, Suspected Malicious Damage, Baggage loss.
4. Attach any letter of demand or other correspondence that you may receive from any Third Party.
5. Do not make any admission of liability for loss or damage caused by you to third parties.

1. THE INSURED

Name _____ Home Telephone _____ Office Telephone _____

Address _____

Policy No. _____ Expiry Date _____ Has the premium been paid? _____

Name of other interested Parties (Hire Purchase, Lease, etc.), if any _____

Are there any other Insurance in force which would cover this in whole or in part?

YES/NO. If answer is YES, state:

Name of Insurer _____

Policy Details _____

2. DETAILS OF LOSS

Date of loss _____ Time _____ a.m./p.m.

When was Loss reported to you, if applicable. (If in writing attach correspondence).

_____ Time _____ a.m./p.m.

Place and/or Premises where Loss occurred _____

State in full how Loss, Damage or Accident occurred _____

Describe Nature of Damage or Injury _____

3. RESPONSIBILITY/WITNESSES

Was another person, in your opinion, responsible for loss or damage or cause of the occurrence? YES/NO. If answer is YES, give full details:

Name _____ I.D.No. _____ Home Tel _____

Address _____

Reasons _____

Was there a witness/or witnesses to this event?. YES/NO. If answer is YES, give full details

Name _____ I.D.No. _____ Home Tel _____

Address _____ Office Tel _____

4. BURGLARY LOSS

If claiming under All Risk, Burglary, Housebreaking, Theft, Malicious Damage, Baggage, advise the following:

(a) Full details of method used by offender _____

(b) When were the Police notified? _____ Time _____ Police Report No. _____

Police Station _____ Officer's Name _____

State reason if not reported to Police _____

(c) Has the loss been advertised? YES/NO. If answer is YES, give particulars and send copy of advertisement with this Form _____

(d) When was the property last seen by you? _____

(e) At the time of loss how long had premises been unoccupied? _____

