



Cornerstone

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...The Future Assured

ALL RISKS CLAIM FORM

CLAIM NO:.....

INSURED: Name in full.....

Address & Telephone No.....

.....Policy No.....

Describe the full circumstances of the loss, damage or theft stating DATE & TIME

Do you suspect any person in connection therewith?

Date Policy advised and address of station

What other steps have been taken to recover the property?

Are there any other insurances against loss, damage or theft on the same property? Please give full details

PLEASE GIVE FULL DETAILS OF THE PROPERTY STOLEN OR DAMAGED OVERLEAF

