



PROPERTY CLAIM FORM

PLEASE COMPLETE THE ATTACHED FORM COMPLETELY IN ORDER FOR US TO PROVIDE THE PROPER COVER.

REPLACE THE "NOT APPLICABLE" TEXT IN THE FIELDS WITH YOUR ANSWERS OR STATEMENTS BY PRESSING DELETE ON THE HIGHLIGHTED TEXT IN THE FORM FIELD THEN TYPING.

WHEN THE FORM IS COMPLETE, SELECT THE "SAVE" TAB AT THE BOTTOM LEFT OF THE FORM TO SAVE A COPY FOR YOUR RECORDS THEN SELECT THE "SUBMIT" BUTTON TO EMAIL THE FORM TO US VIA YOUR EMAIL CLIENT.

ALTERNATIVELY, YOU CAN EMAIL US YOUR SAVED COPY AS AN ATTACHMENT.

SHOULD WE REQUIRE ANY ADDITIONAL INFORMATION, WE WILL CONTACT YOU AND IF NEEDED AMMEND THE FORM SENDING YOU THE COMPLETED COPY TO SIGN VIA "RIGHT SIGNATURE" – A ELECTRONIC SIGNATURE SERVICE.

SIGNING VIA RIGHTSIGNATURE

1. OPEN EMAIL AND SELECT "REVIEW & SIGN DOCUMENT".
2. ACCEPT THE "ELECTRONIC SIGNATURE DISCLOSURE".
3. SCROLL DOWN THE DOCUMENT TO REVIEW.
4. WHEN FINISHED, CLICK ON THE SIGNATURE PAD & SIGN THE DOCUMENT.
5. SELECT SUBMIT SIGNATURE.

YOUR WILL RECEIVE A COPY OF THE SIGNED FORM VIA EMAIL FOR YOU RECORDS.

Thank you for choosing Abaco Insurance Agency!

Issued by

INSURED

POLICY NO

HIGH RISK ITEMS \$

SUM INSURED \$

BUSINESS OR OCCUPATION

TEL NO. (B)

TEL. NO (H)

E-MAIL

ADDRESS

LOCATION OF PROPERTY AFFECTED

DATE OF LOSS

CAUSE OF LOSS – GIVE BRIEF DETAILS OF THE CIRCUMSTANCES

THEFT CLAIMS ONLY

WHEN & WHERE WAS THE
PROPERTY LAST SEEN?

PLACE

DATE

TIME

WHEN DID THE THEFT OR DAMAGE OCCUR?

DATE

TIME

WHEN WAS THE THEFT OR DAMAGE DISCOVERED?

DATE

TIME

WERE THE PREMISES
OCCUPIED AT THE TIME?

IF UNOCCUPIED, FOR HOW
LONG HAD THEY BEEN SO?

WERE THE PREMISES FORCIBLY ENTERED?

IF SO, HOW WAS ENTRANCE EFFECTED?

ON WHAT DATE WERE THE POLICE INFORMED

BY WHOM?

NAME & NUMBER OF
INVESTIGATING OFFICER

STATION

GIVE PARTICULARS OF ANY PREVIOUS LOSS

I/WE DO HEREBY SOLEMNLY & SINCERELY DECLARE THAT THE CLAIM IS MADE BY ME/US AS

(State interest such as owner, mortgagee, etc.)

No persons are interested in the said property except
(insert myself, ourselves and the name of
the mortgagors, etc. if any)

No other insurances are in force on the property destroyed or damaged except
(Name of company, policy no. & sum insured)

To the best of my/our knowledge the particulars given above are correct and that I/We in no manner caused the said loss, or by any fraud or willful representation sought unjustly to benefit thereby.

Signature of Client:

Date

Address:

Items Damaged/Lost/Stolen:

Description

Amount

Other Description/Items: