

## WESTERN PACIFIC INSURANCE LIMITED GENERAL CLAIM FORM

<b>Policy No:</b>	<b>Type of Policy</b>
<b>Name of Insured:</b>	<b>Telephone No.</b>
Postal Address:	/ /20 at am/pm
Where did the event occur:	
Brief Description (including cause of loss or damage):	..... .....
Amount claimed (as shown on the Schedule on reverse side of this form):	\$
Is any Third Party to blame for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, who?) ..... .....
Have you received/anticipate receiving Notice of any Claim from or on behalf of Third Parties?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, give details) ..... .....
Name/s and address/es of witness/es, if any:	..... .....
Have Police been notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please state) (i) What Station: (ii) By Whom? (iii) Date of Report / /20
Have you taken any other action to recover or reduce your loss?	
Other particulars: • Name of Owner of Property Lost/Damaged • Name of any other Interested Party (e.g., Mortgagee, Trustee) • Details of other insurances covering damaged property	..... ..... .....

