

# GENERAL POLICY



CLAIM FORM

**Jubilee Insurance (Mauritius) Limited**  
Business Registration No. C08017369

**Head Office:**  
Mezzanine Floor, One Cathedral Square  
Pope Hennessy Street  
Port Louis, Mauritius  
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Email: info@jubileemauritius.com

**DIRECTIONS:**  
Please read carefully and fill out the entire form.  
1. All questions must be answered in full, in BLOCK letters, in the Claimant's own handwriting or to his dictation.  
2. The issuing of this form is not to be taken as an admission of liability by the insurers.

**CLAIM NO.**

**BROKER'S/AGENT'S REF. NO.**

**POLICY NO.**

Name of Insured in full

Postal address  Postal code

Telephone - Office  House  Mobile

Email

Occupation/nature of business

When did the loss or damage occur?  Time

Situation of premises or place where the loss or damage occurred

State fully how the loss or damage occurred

When was the loss or damage discovered?  Time

By whom was the discovery made?

When was the property last seen?  Time

When were the Police notified?

Name of Police Station (*attach Police abstract form*)

Were the premises occupied by anyone at the time of loss or damage? Yes  No

*If so, by whom?*

If not, when were they last occupied?  Time

8. Was the watchman or guard on duty at the time of the occurrence? Yes  No
9. Are you the sole owner of the lost or destroyed property? Yes  No

*If not, give name(s) of any other parties and nature of their interest*

10. Was there at the time of the loss or damage any other existing insurance(s) effected by you or any other persons on the property for which this claim is made? Yes  No
11. Have you ever sustained a loss or claimed against any insurers for any of the risks under the policy under which this claim is made? Yes  No

*If so, give particulars*

**IMPORTANT**

(i) **Attach purchase invoices/cash sales/receipts and/or tradesman's estimate(s) to facilitate the processing of this claim.**

(ii) **No salvage should be disposed off without Jubilee Insurance (Mauritius) Limited's written permission.**

Description of the property lost or damaged	Date purchased or received	From whom purchased or by whom donated	Cost price	Amount claimed after allowing for age, wear, tear and salvage (if any)
<b>TOTAL</b>				

**DECLARATION**

I/We hereby declare to Jubilee Insurance (Mauritius) Limited that the particulars in this claim form are true and complete.

Date \_\_\_\_\_ Signature of Insured \_\_\_\_\_