



**ADDITIONAL QUESTIONS FOR THEFT, BURGLARY, MONEY & ALL RISKS**

When was the Loss or Damage Discovered?	Date	
	Time	
Who made the Discovery?		
When was the property Last seen?	Date	
	Time	By Whom?
When was the police notified?		
Address of police		
Who notified the police?	Address...	
Any Other Steps Been Taken To Recover The property		

**PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE CLAIM IS IN RESPECT OF A THEFT AT YOUR OWN PREMISES**

Total value Of premises at the time of theft	
Are the Premises, or part left unattended?	
How many nights have the premises been unoccupied during the past year	
Was anyone in the premises at the time of the Theft?	
If Yes, please give names and addresses	
Have you ever sustained a loss or claimed against any insurer for any of the risks included in the policy under which this claim is made. If so, give particulars.	
Are you the sole owner of the lost, damaged or destroyed property?	
If NO, state the name(s) of any other interested parties and the nature of their interest	
In respect of damage to building or landlord's fixtures (including decorations) are you responsible for the repair of such damage under the tenancy agreement	
Was there at the time of the occurrence any other existing Insurance effected by you or any other persons on the property for which this claim is made. If so, please give details.....	

**PARTICULARS OF THE CLAIM TO BE GIVEN IN DETAILS**

*In respect of building claim, tradesmen's estimates should be furnished before Instructions are given for the work to be put in hand, if decorations are involved, Please indicate when they were last renewed. Any damaged property must be disposed of Until Goldman Insurance gives permission.*

(1) Particulars of Each Building Or article in Respect of Which this Claim is made	(2) Date Purchased or Received	(3) Name and Address of Person from Whom article Was purchased or by whom	(4) Original Cost price	(5) Value at the Time of the loss After allowing for age and wear	(6) Amount Claimed after Allowing for Value of salvage

I/We declare that the particulars given on this for are true and complete

Date.....Signature of Insured.....  
 (If Limited Company gives status of signatory)

Company stamp