



Property claim form

(Applicable to all property insurances)

Inspac (PNG) Limited, Level 3, Pacific Place, Port Moresby, P O Box 1383, Port Moresby, National Capital District.

Insured details

Name of Insured:	
Claim number (if known):	
Policy number:	Expiry date: / /
Postal address:	
Phone number: Home:	Work:
Occupation:	Type of policy:

Details of damage or loss

You must immediately inform the police if property has been lost or if you suspect burglary, theft, arson, malicious damage or any other criminal act has caused the damage or loss.

Date: / /	Day of the week:	Time: am/pm
If theft/Burglary, between what hours: am/pm and		am/pm
Where did the loss occur?		
Brief description (including cause of loss or damage):		
Name and address of person causing damage:		
If reported to police, date reported: / /	Name of police station:	Attach police report
Amount claimed (as shown on the Schedule on reverse side of this form): PGK		

Other particulars

When was the loss discovered and by whom?
If Theft/Burglary, how was entry to the premises affected and was any damage caused gaining entry?
Were the premises occupied at the time of loss?
Has any arrest been made or is anybody suspected of the theft or any crime?

Has any of the property been recovered?

If the premises are not owned by you does the lease make you responsible for repairing any damage?

Are you the sole owner of property damaged or stolen? Yes No If **No**, please name any other interested party (e.g. mortgagee, trustee etc.)

Name: _____ Branch: _____

Details of other insurance covering the property claimed for:

Have you had a loss or made a claim against any Insurance Company in the past 5 years (regardless of the amount), or ever had a loss exceeding K5, 000? (If so, please supply details including insurer's name.)

Schedule of claim

Full details of articles	Date originally bought/received	Where bought, or if a present, name and address or giver	Original Cost	Replacement Cost	Amount Claimed
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
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	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K
	/ /		K	K	K

	/ /		K	K	K
	/ /		K	K	K

It is essential that this form be returned promptly to Inspac (PNG) Limited.

Declaration

I/We declare that:

The information given in this form to be correct.

I/We authorise and request the Royal Papua New Guinea Constabulary Police to release to Inspac (PNG) Limited copies of any or all documents held by the Papua New Guinea Constabulary Police relating to the incident giving rise to this claim.

I /We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to the Inspac (PNG) Limited releasing to other parties personal information regarding this claim.

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by Inspac (PNG) Limited.

Insured's signature (if company, state position):	Date: / /
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