



ក្រុមហ៊ុនធានារ៉ាប់រង កម្ពុជានិយម

CAMPU LONPAC INSURANCE 柬埔寨大众伦平保险

NOTICE OF CLAIM

N.B. The issue of this form is not an admission of liability by the Company.

Policy No. : _____

Claim No. : _____

Claim No.: _____

Estimate : _____

THE CLAIMANT IS REQUIRED TO NOTE:

- (a) Before submitting details of loss of damage the Claimant is requested to read the conditions of the policy.
- (b) This form must be filled up and delivered to the Company together with proof of value within 14 days of its receipt by the Claimant.
- (c) The Claimant must promptly take all practicable steps including the giving of immediate notice to the Police for discovering and punishing any party or parties, if any, and for tracing and recovering the property lost.
- (d) As it is a condition of the policy that is shall be void if any false statement or declaration be made in support of a claim, care should be exercised in filling up this form.
- (e) Particulars of the claim should be stated as fully as possible and any suspicious as to parties implicated should communicated to the Company.

DETAILS OF INSURED

1. Insured's Name	:																																			
2. Correspondence Address	:																																			
3. Occupation	:																																			
4. Date of Loss or Damage	:									-									-									Time :								
5. Place	:																																			
6. Police Station to which loss was reported and report No.	:																																			
										Date :									-									-								

7. Full particulars of circumstances surrounding the loss or damage to the best of your knowledge and belief.

8. Has a thorough search been made for the article(s)?	
9. (a) By whom was loss discovered? (b) Date and time when article(s) last seen (c) By whom last seen and where?	
10. Have you any suspicion as to any parties implicated? If so, please give particulars:	
11. Are you the sole owner of the property lost or damaged?	
12. Is the property in respect of which you are making a claim insured with any other Insurer against all or any of the risks covered by the above Policy? If so, please give particulars:	
13. Have you ever made a claim on any Insurer in respect of loss or damage by any of the risk covered by the above Policy? If so, Please give particulars:	
14. Have you ever before sustained:- (a) Loss by Theft (b) Loss or damage to any article of value from any other cause	

DECLARATION	
I/We warrant that the above statements are true and correct and I/We have not concealed, misrepresented or misstated any material fact.	
I/We further agree that the statements and declaration contained in this proposal form shall be incorporated in and be the basis of the contract between myself/ourselves and the Company.	
Date : _____	* _____ Signature of Proposer

PLEASE COMPLETE DETAILS ON BACK OF THIS FORM
*(Accompany by Co's rubber stamp – if applicable)

