

[illegible]

| | | | |
|---|------------------------------|-----------------------------|--|
| Is the property insured only by this Corporation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If 'No', please give details as follows: |
|---|------------------------------|-----------------------------|--|

| Insurer | Policy Number | Sum Insured |
|---------|---------------|-------------|
| | | |

I/We wish to claim under the above numbered policy for the above property which was lost, destroyed or damaged as stated. I/We declare that the property belong(s) to me/us, my/our family and that the property is not insured elsewhere except as stated. I/We warrant that it is a true statement and that it does not contain false or exaggerated information.

Date: _____

Signature: _____