



# Star Assurance

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## **ASSETS ALL RISKS INSURANCE – CLAIM FORM**

**(THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM)**

POLCY NO.:.....

INSURED:.....

TRADE / BUSINESS.....

ADDRESS..... TEL NO.:.....

DATE OF LOSS..... TIME:.....

PLACE OF LOSS:.....

Describe fully how the accident occurred:.....

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Have you reported to the Police?.....

Names and Addresses of all Witnesses and the number of the Police who took Evidence:

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State the Name and Address of the person injured, or the property Damaged:

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State the nature of injury or damage:

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State any other Information necessary:

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***I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE  
TO THE BEST OF MY/ OUR KNOWLEDGE AND BELIEF***

Date: ..... Signature:.....