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CONTENTS CLAIM FORM

PLEASE NOTE: *This is not an official insurance claim form. We are simply gathering enough information to lodge your claim with the Insurer until they request further details.*

* **Name:** _____ **Phone No:** _____

* **Company (If applicable):** _____

* **Policy No.:** _____

* **Date of Loss or incident:** _____

* **How and where did the loss or damage happen?**

* **The Property Lost Or Damaged:**

Description of Item	Date Obtained (if secondhand state item age when obtained)	Current Replacement Cost	Repair Cost/Estimate

* **Where is the damaged property now?** _____

* **Briefly Describe Extent Of Damage:**

* **Do you think any other person is responsible for the loss or damage? Please give your reasons below:**
