

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

Revised: July 19,2010