



Dhivehi Insurance Company Pvt. Ltd.
G. Maajehige Aage, 1st Floor, Daisy Magu
Male', 20129
Republic of Maldives
☎ : (960) 3007799, 📠 : (960) 3017788
✉ : info@dhivehiinsurance.com
🌐 : www.dhivehiinsurance.com

Claim Form Fire/Consequential Loss Insurance

FOR OFFICE USE ONLY

Claim No.:

IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

A. POLICY DETAILS

Policy No.	Policy Expiry Date
------------	--------------------

B. FOR ALL LOSSES / DAMAGES

Name of Insured:		
ID No./Passport No./ Business Registration No.:		
Correspondence Address (in Block Letters):		Postcode
Tel. No. (Mobile):	Tel. No. (Office):	Tel. No. (Home):
Situation or premises or place where loss or damage occurred:		Postcode
Nature of Loss:		
Date of Loss or damage (dd/mm/yy):	Time:	
Explain fully how the loss or damage occurred:		
Have you ever sustained a loss or claimed against any insurer for any of the risks included in the policy under which this claim is made? (If YES, give particulars)		
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Are you the sole owner of the lost, damaged or destroyed property? (If not, state name(s) of any other interested parties and nature of their interest)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In respect of damage to buildings or landlord's fixtures (including internal decorations), are you responsible for the repair of such damage under the terms of a tenancy agreement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made? (If YES, give details)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

C. FOR LOSS OR DAMAGE DUE TO FIRE OR THEFT

Were the premises unoccupied at the time of loss or damage?(If yes, please give the date when they were last occupied)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

D. FOR LOSS DUE TO THEFT

Have any other steps been taken to recover the property? (If yes, please give details)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the claim is in respect of a theft at your own premises, please answer the following in addition to section C above		
Are the premises, or any part, let or sub-let?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many nights have the premises been unoccupied in any one period of Insurance?		
What steps have you or are you taking to prevent a reoccurrence?		

IMPORTANT NOTES

In respect of building claims, tradesmen's estimates should be furnished before instructions are given for the work to be put in hand. If decorations are involved, please indicate when they were last renewed.

Please attach wherever possible valuations and receipts in connection with articles lost and repair estimates in respect of items damaged.

Any damaged property should not be disposed of until permission is given by the Company.

Policy being a contract of Indemnity only, no profit of any kind should be included in the amount claimed and should be based on values at the time of the loss after deduction of all discounts or allowances.

