



Eloham Risk Solution In-house Protection Claim Form

INSURED

Name

Policy No

Address

Tel. No

E-mail

Fax No

DETAILS OF INCIDENT

Date fraud occurred

Date fraud was discovered

Amount Involved

Who discovered the fraud and how?

Persons suspected/ accomplices

Name

Position/Address

How was the fraud perpetrated?

POLICE DETAILS

Address of Station

Date Reported

Time

Officer in Charge

Tel. No

Action taken

DECLARATION

I hereby declared that the foregoing statements/particulars are true and complete. I agree that my claim may be repudiated if any statements/particulars given above are found to be false.

Signature

Date

Continous Sheet



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