



**DOMINION INSURANCE LIMITED**

*Quality Insurance ... Priced Right!*

231 Waimanu Road.  
P.O. Box 14468, Suva.

**COMMERCIAL LOSS NOTICE**

REFERENCE CODE No

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CLAIM No

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INSURED NAME \_\_\_\_\_ TEL. NO \_\_\_\_\_

INSURED ADDRESS \_\_\_\_\_

Other Interested Party \_\_\_\_\_

DATE OF LOSS \_\_\_\_\_

WHAT HAPPENED \_\_\_\_\_ WHERE DID IT OCCUR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the person who caused the damage was not yourself or a member of your family

DETAIL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Are you the sole owner YES/NO If not: Detail the name and address of the other interested party \_\_\_\_\_

\_\_\_\_\_

Do you hold Insurance with another Company and/or are you making an additional claim through any source in respect of the items being claimed on. Please detail:

\_\_\_\_\_

\_\_\_\_\_

(Excluding Life, Motor Insurance)

Have you ever been declined Insurance. Please detail: NAME OF COMPANY \_\_\_\_\_

DATE \_\_\_\_\_

What claims in excess of \$500 have you made. Please detail: NAME OF COMPANY \_\_\_\_\_

DATE \_\_\_\_\_

**STATUTORY DECLARATION**

I/We hereby declare that the foregoing particulars appearing in the Schedule on the back hereof are true and represent a faithful account of the actual Loss or Damage sustained by me/us without including profit or advantage of any kind; that I/We have not withheld anything material which should be known to the Company and that I/We have in no manner caused the said Loss or Damage or by any fraud or misrepresentation sought unjustly to benefit thereby. I/We further declare that I/We was/were the owner/s of the said property at the date of the Loss or Damage and that all the conditions and warranties of the Policy have been complied with and I/we make this solemn declaration conscientiously believing the same to be true and by virtue of the Provisions of an Act of Parliament of Fiji which renders any person/s making a false declaration punishable for wilful and corrupt perjury.

Taken and declared at .....

This ..... day of ..... 20 ..... Signed .....

Before me .....

Justice of the peace solicitor notary public or any person authorised to attest declaration.

**BURGLARY, THEFT, ALL RISKS, MALICIOUS DAMAGE CLAIMS**

1. The loss was reported by: \_\_\_\_\_  
to \_\_\_\_\_ Police Station on \_\_\_\_\_
2. The loss was advertised in \_\_\_\_\_ Newspaper, on \_\_\_\_\_  
(attach relevant newspaper item)  
and other action to recover property was: \_\_\_\_\_  
N.B. Certificates confirming loss reported to and obtained from Police, Shipping Company, Airline or other carrier to be attached in support.

**ALL GLASS, MIRRORS, HANDBASINS, TOILETS**

- |   |     |    |
|---|-----|----|
| 1. Does Policy describe and include glass broken    | YES | NO |
| 2. Is replacement glass identical to original glass | YES | NO |
- If no: detail cost to replace as original \$ \_\_\_\_\_

**PUBLIC LIABILITY CLAIMS**

- |                                 |     |    |
|---------------------------------|-----|----|
| 1. Has a claim been made on you | YES | NO |
|---------------------------------|-----|----|
2. Describe the damage being claimed for: \_\_\_\_\_  
\_\_\_\_\_
  3. Name and Address of owner of property damaged: \_\_\_\_\_  
\_\_\_\_\_
  4. Name and address of any witnesses: \_\_\_\_\_  
\_\_\_\_\_
  5. Name of Insurer of property Damaged: \_\_\_\_\_  
\_\_\_\_\_

N.B. You shall not admit liability or advise you are Insured. Attach any documents received in respect of the incident.

**MARINE CARGO )**

1. Have you held shipper liable \_\_\_\_\_
2. Please attach all shipping documents \_\_\_\_\_
3. Where are damaged articles available for inspection \_\_\_\_\_

DESCRIPTION OF PROPERTY FOR WHICH LOSS IS CLAIMED	Date of Purchase or Acquisition	SCHEDULE Original Value	Value at time of Loss — allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of loss of Damage Claimed

AMOUNT OF LOSS CLAIMED

\$

**DAMAGE TO PREMISES and/or CONTENTS**

PARTICULARS	NAME OF REPAIRER (N.B. Quotations must be attached)	COST OF REPAIRS	AMOUNT CLAIMED