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5089 PUC/1/4531

REPORTED ON BY GOMMITTE

-5 OCT. 1916

Supplemental.

Assessors Report.

Claim No. 5089 Name of Claimant Samuel Jacobs, Jeweller & Fine Art Dealer,

Situation of Property 15, Lower Sackville Street, Dublin.

Description	Claim	Insurance (if any)	Commissioners Valuation of Buildings	Assessors Valuation of full Damage	Loss Payable on basis of Insurance	Excess of Loss over and above amount payable under the Policies			
Meters (Electricity Services & other apparatus	£1-9-6) 5-10-8) £7- 0-2)	Nil.		£7-0-2	Nil.	£7-0-2			
Totals, $\not\equiv$	7-0-2	Nil.		£7-0-2	Nil.	£7- 0-2			

Interests in the buildings.

391 89

28th September 1916.

Award of Committee: Contents

Buildings

do.

aché n

Property Losses (Ireland) Committee, 1916.

5089

51 ST. STEPHEN'S GREEN, EAST, DUBLIN.

Claim for Damages caused during the Disturbances on the 24th April, 1916, and following days.

I Samue tacolo now residing	
at 50 / Sarkville Struk in the City of Oublin	
40 t 4	t
1916, damage was done to the undermentioned Property, namely :-* Weshiely We	State situation of property
Services & other apparatus in the premises 70 15 & Sachrelast Du	damaged.
and such damage was occasioned to the best of my belief by**. The	** Here state cause of
	damage,
And We further declare that the Property and Articles specified on the other side were so destroyed or damaged; that the Cost Price of same was as shown in each case; that at the time of the destruction or damage they were respectively of the Values specified under the head "Value of Property at time of Destruction or Damage";	
and that, in consequence of such destruction or damage, claim is hereby made for the	
sums specified under the head "Amount Claimed"; that the Claim is made by me	† Insert
as† 9 ; and that no person is interested in	"Owner," "Lessee," or "Mortgagee,"
the said property except: nyself their responsible for these weter to the Comparation of the Cet, of trible	as the case may be. Insert "myself," or "ourselves," and then mes of Mortgagers, Mortgagers,
and that it is not insured by me or any other person, § except as follows, namely:—	Lessors, Lessees, or joint owners (if any).
Company, Policy No. , Amount £	\$ Strike out the words following if the property is
,, ,, £	not insured.
,, ,, £, ,, £,	
And We make this solemn Declaration conscientiously believing the same to be true, and by virtue of the provisions of the Statutory Declarations Act, 1835.	
Made and subscribed the day of	
1916, at 10	
City, in the said County,	
before me, a Justice of the Peace for the said	
Signature Samuel Joseph County.	Se
Of Claimants ()	Donoc
Note—This Claim is to be furnished in duplicate, and should be accompanied by the Policies of Rive Insurance and the last receipt, in each case, or certified copies of same. When completed it is to be forwarded to the	

PARTICULARS OF THE CLAIM.

(TO BE GIVEN IN DETAIL.)

DESCRIPTION OF PROPERTY DESTROYED OR DAMAGED,		Cost Price.			Value of Property at								
					Value of Property at time of Destruction or Damage.		Value of Salvage.		vage.	Amount Claimed.			
		£	8.	d.	£	8	d.	£	8.	d.	£	8.	d.
servies tother apparatus	1	1	9	6	1	9	6	(nė			9	6
Services tother apparatus		5	10	8	5	10	8		nie		5	10	8
	-												
	1	7	0	2	7	0	2				17	0	2
	2												
			,										
					\								
Carried forward,													