



PROPERTY LOSS / DAMAGE CLAIM FORM

INSURED

Name of Insured:		
Physical Address:	Postal Address:.....	
.....	
..... Code Code	
Policy No:	Contact Person:	
Vat No:	Business Ph No:	Cell No:

LOSS / DAMAGE

Place where Loss / Damage occurred:		
Were the premises occupied?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, by whom?:		
If NO, when last occupied?:		
Purpose of occupation:		
When did the Loss occur?	Date: ____ / __ / __	Time: _____ am/pm

CAUSE OF LOSS / DAMAGE

Describe fully how the Loss / Damage occurred stating how (If applicable) entry was gained to premises:
If Loss / Damage was caused by another party give Name and Address:



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PREVIOUS LOSS / DAMAGE

Have you previously suffered Loss / Damage:

Yes

No

If YES, give details:

.....

If insured, provide name of insurer:

POLICE DETAILS

Police Station::

Police Reference No:

Date Report:

OTHER INTEREST

Has any other party an interest in the Insured property, e.g. Credit Agreement?:

Yes

No

If YES, give name and interest::

.....

OTHER INSURANCE

Is there any other insurance covering this Loss / Damage?:

Yes

No

If YES, give name of Insurer::

.....

PAYMENT METHOD (For purpose of claim settlement)

Name of Bank:

Account Holder:

Bank Code:

Account No:

Type of Account:

Signature of Account Holder:

Date: / /

INSURED DECLARATION AND SIGNATURE

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.

Signature of Insured:

Date: / /

