PROPERTY LOSS/DAMAGE CLAIM FORM

INSURED

Name of Insured:	

Physical Address:		Postal Address:	
Code:		Code:	

Policy No:		Contact Person:	

VAT No:		Business Tel:		Cell No:	

INSURED

Place where loss/damage occurred:	

Were the premises occupied?	YES	NO
If YES, by whom?		
If NO, when were they last occupied?		

Purpose of occupation:	

When did the loss occur?	Date:		Time:		AM/PM:	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:

PROPERTY LOSS/DAMAGE CLAIM FORM

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 Reported:

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, supply name of insurer:

PAYMENT METHOD (For the purpose of claim settlement)

Name of bank:

Account holder:

Bank code:

Account No:

Account type:

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:

Capacity:

Date:

Signed at:

PROPERTY LOSS/DAMAGE CLAIM FORM

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

No	Description of property	Date acquired	From whom purchased or acquired	Value	Deduction for wear and tear or depreciation or value of salvage	Amount claimed