

PROPERTY LOSS/DAMAGE CLAIM FORM

Broker/Insurer Name:		Policy No:	Claim No:
Insured	Name and Occupation		
	Identity Number		
	Address and (day) Telephone number		
Loss/Damage occurrence	Date and time of loss/damage		
	When was the loss/ Damage discovered?		
Loss/damage place	Place where loss/damage Occurred.		
	Were premises occupied? By whom?		
	If not occupied, when last occupied?		
	Purpose of occupation		
Cause of loss/damage	Describe in detail how the loss or damage occurred stating how (if applicable) entry was gained to premises		
	If loss/damage was caused by another party provide name and address.		
Previous loss/damage	Have you previously suffered loss/damage?		
	If so please give details.		
	If insured, provide name of Insurer.		
Police	Police reference number, station and date reported.		
Other interest	Does any other party hold an interest in the insured property, e.g. credit agreement? If so, give name and interest.		
Other insurance	Is there any other insurance covering this loss/damage? If so, give name of insurer		
Payment Method	<p>You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.</p> <p>Name of bank Branch Name</p> <p>Name of Account Holder Branch Code:</p> <p>Type of Account: Account No:</p>		
Declaration	<p>I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my/our possession immediately prior or during the said loss/damage which occurred in the circumstances described above. I confirm that all the questions were completed honestly and fully by me/us/ I understand that the accuracy and effectiveness of this Claim Form is dependent on the quality and accuracy of the information I provide.</p> <p>Insured's Signature: Capacity: Date:</p>		

