

PROPERTY LOSS / DAMAGE CLAIM FORM

INSURER

INSURED

LOSS / DAMAGE OCCURRENCE

Were premises occupied?

YES

NO

 Date of loss day / month / year

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

PREVIOUS LOSS / DAMAGE

Have you previously suffered loss / damage?

YES

NO

If YES, please give details

POLICE

Police station

Police reference no.

Date reported *day / month / year*

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

VALUE

Estimate total value of all the property insured under the policy

When last valued *day / month / year*

PAYMENT METHOD

You may select, for added security, payment of any amount to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of bank

Branch

Name of account

Account no.

DECLARATION

I / We hereby declare that I / We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstance described above.

Insured's Signature

Capacity

Date *day / month / year*

