



# Property Loss/Damage Claim Form

Policy number	Broker/Agent
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**1 Insured**

Name	Identity number
Occupation	
Address and (day) telephone number	

**2 Loss/damage occurrence**

Date and time of loss/damage

When was loss/damage discovered?

**3 Loss/damage place**

Place where loss/damage occurred

Were premises occupied? By whom?

If not occupied, when last occupied?

Purpose of occupation

**4 Cause of loss/damage**

Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises

If loss/damage was caused by another party give name and address

**5 Previous loss/damage**

Have you previously suffered loss/damage

If so, give details

If insured, provide name of insurer

**6 Police**

Police reference number

Date reported

D D M M Y E A R

Station reported

**7 Other interest**

Has any other party an interest in the insured property, e.g. credit agreement? If so, give name and interest

**8 Other insurance**

Is there any other insurance covering this loss/damage? If so, give name of insurer

**9 Value**

Estimated total value of all the property insured under the policy

When last valued?

**10 Payment method**

You may select, for added security, for payment of any amount due to you to be made 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.

**11 Declaration**

I/We solemnly 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 circumstances described above.

Capacity

Signature of Insured

Date

D D M M Y E A R