

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 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, give details											
	If insured, provide name of insurer											
Police	Police reference number and 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	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.											
	Name of Bank						Branch name					
	Name of Account Holder						Branch Code					
	Type of Account						Account No.					
Declaration	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.											
	Insured's signature _____ Capacity _____ Date _____											

