

**CLAIM NUMBER:** *To be completed by broker*

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## PROPERTY LOSS/DAMAGE CLAIM FORM

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**POLICY NUMBER:** \_\_\_\_\_

**INSURANCE BROKER:** \_\_\_\_\_

### Insured

Company name or surname and initials (*Enter the Full name of the Insured Below*):

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Company registration number: \_\_\_\_\_

Identity number: \_\_\_\_\_

Occupation or business: \_\_\_\_\_

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone numbers:

Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Fax: \_\_\_\_\_

### Loss/Damage Occurrence

Date and time of loss/damage: \_\_\_\_\_

When was loss/damage discovered? \_\_\_\_\_

### Loss/Damage Place

The place where loss/damage occurred: \_\_\_\_\_

Were premises occupied?    Yes |    No            If yes by whom? \_\_\_\_\_

If not occupied, when was it 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 the premises:

If another party caused loss/damage, provide name and address:

### Previous Loss/Damage

Have you previously suffered loss/damage?      Yes |      No

If so, give details:

If insured, provide the name of insurer: \_\_\_\_\_

### Police

Police Station name, reference number and date reported: \_\_\_\_\_ Date: \_\_\_\_\_

Police Station: \_\_\_\_\_ Reference Number: \_\_\_\_\_

### Other Interest

Does any other party hold an interest in the insured property, e.g., a credit agreement?      Yes |      No

If so, give name and interest:

### Other Insurance

Is there any other insurance covering this loss/damage?      Yes |      No

If so, give the name of insurer

### Payment Method

For added security, you may select 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 solemnly declare that I have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my 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. 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: \_\_\_\_\_

## STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

**N.B.** – Claims in respect of damage to buildings must be accompanied by a builder’s estimate.

**Insurers share information with each other regarding domestic policies and claims to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance.**

**Please refer to the Consent Clause on the policy schedule for more details in this regard.**

Description of property	Quantity	Date acquired	From whom purchased or acquired	Value	Deduction for wear and tear or depreciation or value of salvage	Amount claimed