

PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

INSURER _____ POLICY NUMBER _____ VAT REG NUMBER _____

INSURED Name and occupation _____
Address and phone 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? _____
If so, by whom? _____
If not occupied, when last occupied? _____
Purpose of occupation _____

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? _____
If so, give details _____
If Insured, provide name of Insurer _____

POLICE Police station _____
Police Reference Number _____
Date reported to Police _____

OTHER INTEREST Has any other party 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 _____
Estimated total value of all the property insured under the policy R _____
When last valued? _____

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 of Account _____ Account Number _____

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.

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.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Amount claimed
				R	R
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