

PROPERTY LOSS / DAMAGE CLAIM FORM

INSURED	Policy number _____						
	Name and surname _____						
	Telephone numbers - during the day () () Cell _____						
	Physical Address _____						
	E-mail _____						
	Identity number _____ Occupation _____						
DETAILS OF LOSS/DAMAGE	State the date and time of the loss / damage _____						
	State the date and time the loss / damage was discovered _____						
	State the address where the loss / damage occurred _____						
	Total estimated value of loss _____						
	Police station reported to _____ Case number / reference _____						
	Date reported _____						
	Please provide a detailed description of the event <i>(Should you require additional space, kindly use blank paper and attach it to this form.)</i> _____ _____						
RISK INFORMATION	Were the premises occupied at the time of the loss?	YES	NO				
	Is an alarm installed at the premises?	YES	NO				
	If yes, was the alarm activated?	YES	NO				
	State how entry was gained to the premises (if applicable) _____						
	Does any other party(/ies) have an interest in the insured property? <i>(e.g. credit agreement or hire purchase)</i>	YES	NO				
	If yes, please provide the name of the party(/ies) as well as details of the interest _____						
	Are you familiar with the party that caused the loss / damage?	YES	NO				
	If yes, please provide the name, identity number and physical address of this party _____						
Does any other insurer cover this loss / damage?	YES	NO					
If yes, please provide the name of the insurer as well as the relevant policy number _____							
CLAIMS HISTORY	Have you previously suffered a property loss / damage?	YES	NO				
	If yes, please provide details _____						
	Were these items insured?	YES	NO				
	If they were insured, please provide the following: Name of insured _____ Name of Insurer _____ Policy number _____						
PROPERTY LOST, STOLEN OR DAMAGED	Note: A builder's estimate must accompany claims in respect of damage to building. / Please attach a page to this form should you require more space.						
	No of items	Description of property	Date acquired	Purchased / Acquired from	Value	Deduction of wear and tear	Claimed amount
DECLARATION	I/We hereby solemnly declare that I/we have suffered the loss of/damage to the property listed above and that the said property was my/our possession immediately prior to the said loss/damage, which occurred in the circumstances described above. We understand that the completion of this form does not bind the Insurer to payment of any claim. I/We further declare that the foregoing information is true in every respect and that I/we have not withheld any information connected with the loss from the insurer.						
	Signature of insured _____		Capacity _____		Date _____		
	<small>Please note: It is important that you notify the insurer immediately when you become aware of any pending prosecution, inquest or demand</small>						