African Rand
Underwriting Managers

PROPERTY LOSS /DAMAGE CLAIM FORM

Name of Policy Holder:				
Policy Holder ID Number:				
Address:				
Tel. No:				
Email address:				
SAP Ref. & Station				
Date / Time of Loss:				
Place of Loss or Damage				
When was loss or damage discovered?				
Were premises occupied? If so, by whom?				
Purpose of occupation	Private		Business	
Describe in full how the Loss or Damage Occurred				
Have you previously suffered any loss/damage				
If so give details				
Is there any other policy covering this loss/ damage goods?				
Has salvage, been handed to African Rand/ Insurance Broker				

I declare that the above information is true and correct.

DATE _____ SIGNATURE OF INSURED _____

STATEMENT OF PROPERTY LOSS / STOLEN OF DAMAGED.

No	Description of Property	Amount Claimed
	R	

I hereby declare that I have suffered a loss of property as listed above and that I was the sole owner of the property.

Insured Full Name: _____

Insured Signature: _____

Date: _____