



## Property Loss/Damage Claim Form

Policy no and name	
Broker name	

Insured's surname & initials			
ID number			
Physical address		Code	
Day tel no			
E-mail address			

Loss/Damage Details			
Date and time of loss/damage	Date		Time
Item description & serial no			
Date acquired			
Acquired from whom and amount paid	From whom?		Amount paid
Address where loss/damage occurred			
Date when loss/damage was discovered			
Were premises occupied?	Yes / No	By whom?	
If not occupied, when last occupied?			
Purpose of occupation			
Was burglar alarm activated?	Yes / No	Alarm company	
Have you previously suffered loss/damage?	Yes / No		
If Yes, give details			
If insured, give name of insurer			
Are credit agreements in place?	Yes / No		
If Yes, name and interest			
Any other insurance covering this loss/damage?	Yes / No	Name of Insurer	
Estimated total value of all property insured under the policy		Date when last valued?	

SAPD Details			
Police Station	Name		
	Ref no		Tel no
Date reported & reported by whom:			

