

Building 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	T			Time			
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								
Have you previously suffered loss/damage?	Yes	/	No					
If Yes, give details								
If insured, give name of insurer								
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	Т						

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

Insured's Bank Details				
Name of Bank				
Account Holder				
Branch				
Branch Code				
Account Type				
Account Number				

I/We declare that I/We have suffered loss or damage to the property enumerated on this claim form and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances as described below.

Insured's Signature

Date

Described fully how the loss or damage occurred