

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						
		LC	oss/Dan	nage Details		T
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	Т	0, 11 2	Dotano		
	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 Starting how entry was gained to the premises in case of a burglary