



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			
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Date and time of loss/damage	Date		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			
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Police Station	Name		
	Ref no		Tel no
Date reported & reported by whom:			

