

Fast Track Claim Form

Policy no and name			
Broker name			
Insured's surname & initials			
ID #/Company Registration #			
Physical address			Code
Contact telephone #			

Loss/Damage Details

Date and time of loss/damage	Date		Time	
Item description & serial no				
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		
Any other insurance covering this loss/damage?	Yes / No	Name of Insurer		

SAPD Details / Applicable to theft/stolen items

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

Described fully how the loss or damage occurred

(in the case of burglary, state how entry was gained to the premises)

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