

PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

INSURER _____ POLICY NUMBER _____ VAT REG NUMBER _____

INSURED Name and occupation _____
 Address and phone number _____

LOSS/DAMAGE OCCURRENCE Date and time of loss/damage _____
 When was the loss/damage discovered? _____

LOSS/DAMAGE PLACE Place where loss/damage occurred _____
 Were premises occupied? _____
 If so, by whom? _____
 If not occupied, when last occupied? _____
 Purpose of occupation _____

CAUSE OF LOSS/DAMAGE Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises _____

 If loss/damage was caused by another party, give name and address _____

PREVIOUS LOSS/DAMAGE Have you previously suffered loss/damage? _____
 If so, give details _____
 If Insured, provide name of Insurer _____

POLICE Police station _____
 Police Reference Number _____
 Date reported to Police _____

OTHER INTEREST Has any other party an interest in the insured property, e.g. Credit Agreement? _____
 If so, give name and interest _____

OTHER INSURANCE Is there any other insurance covering this loss/damage? _____
 If so, give name of Insurer _____
 Estimated total value of all the property insured under the policy R _____
 When last valued? _____

PAYMENT METHOD You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.
 Name of Bank _____ Branch _____
 Name of Account _____ Account Number _____

DECLARATION I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.

 Insured's Signature Capacity Date

