

**PROPERTY LOSS CLAIM FORM**

**INSURER**

Insurer:	Broker:
Policy No:	Claim No:

**INSURED**

Insured:	
Address:	
Tel No:	Mobile No:
Identity No:	Email:

**LOSS / DAMAGE DETAILS**

Date of Loss:	Time of Loss:	Date Discovered?
Place where Loss/Damage Occurred?		
Were the Premises Occupied? <b>Yes</b> <b>No</b>		If yes, by whom?
If No, When last Occupied?		Purpose of Occupation?
Police Station Reported To:		Police Case No:

**CAUSE OF LOSS / DAMAGE**

<p>Details of how Loss/Damage Occurred:</p>          
<p>State how entry was gained to premises:</p>
<p>If Loss / Damage caused by another Party give Name &amp; Address:</p>          
<p>Does any other Party have an interest in the Insured Property (eg: Credit Agreement?) <b>Yes</b> <b>No</b></p>
<p>If Yes, give Name &amp; Interest:</p>          

**PROPERTY LOSS / DAMAGE**

Have you previously suffered a Loss / Damage? <b>Yes</b> <b>No</b>
If Yes, give details:
If Insured, provide Name of Insurer:
Is there any other Insurance covering this Loss / Damage? <b>Yes</b> <b>No</b>
If Yes, give Name of Insurer:

**VALUE**

Estimated Value of all Property Insured under the Policy?
When Last Valued?

**BANKING DETAILS**

Bank:	Branch:
Account No:	Branch No:
Account Type:	Account Name:

**DECLARATION:**

I/We solemnly declare that I/we have suffered a loss of or damage to the property enumerated on the addendum 'STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED' and that the said property was in my/our possession prior to the said loss/damage which occurred in the circumstances described in this form.

Signature of Insured:	Capacity:
	Date:

