inscon Hawkins & Associates
INSURANCE BROKERS

Please complete and return to:
Email: admin@insconhawkins.co.za
Tel: 011 883 7153

PROPERTY LOSS CLAIM FORM

INSURER

Insurer:	Broker:
Policy No:	Claim No:

INSURED

Insured:	Identity No:
Mobil No:	Tel No:
Address:	
Postal Code:	Email:

LOSS / DAMAGE DETAILS

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

CAUSE OF LOSS / DAMAGE

Details of how Loss/Damage Occurred:
State how entry was gained to premises?
If Loss / Damage caused by another Party give Name & Address:
Does any other Party have an interest in the Insured Property (eg: Credit Agreement?)
If Yes, give Name & Interest:

PROPERTY LOSS / DAMAGE

Have you previously suffered a Loss / Damage?
If Yes, give details:
If Insured, provide Name of Insurer:
Is there any other Insurance covering this Loss / Damage?
If Yes, give Name of Insurer:

NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY IF YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND

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 hereby declare that the foregoing particulars including the stated loss be true and correct in every respect.

Signature of Insured:	Capacity:
	Date: