

PROPERTY LOSS/DAMAGE CLAIM FORM

P O Box 4079

Edenvale

1610

DATE: _____

FAX COMPLETED FORM

0865036135



General

Broker	_____	Policy Number	_____
Insured	_____	Initials	_____ Title _____
I.D. num	_____	Vat reg no	_____
Contact name	_____	Tel no (w)	_____
Address	_____	Cel no(w)	_____
	_____	Occupation	_____

Loss

Date of loss _____ Place of loss _____

Time of loss _____

Premises

Address _____

Were the premises occupied? YES NO By whom? _____

If not occupied, when last occupied _____

Purpose of occupation _____

Has any other party an interest in the property, eg. Credit agreement? _____

Finance company _____

Account type _____

Account number _____

Estimated value of all property insured under policy _____ When last valued? _____

Cause of loss/damage

Describe how loss/damage occurred, stating how (if applicable) entry was gained to the premises

If loss/damage caused by another party

Name _____

Address _____

Tel no(W) _____ Tel no (H) _____

Previous loss/damage

Have you previously suffered a loss/damage? YES NO

If so, give details _____

Insurer _____

Police (if reported)

YES NO

Police station _____ Date reported _____

Reference number _____

Other insurance (covering this loss)

YES NO

Name of insurer _____

Banking details

We recommend that payment be made directly to the insured's account to avoid banking delays and fraud

Method of payment Direct to account Cheque

If payment is to be made directly to an account, please complete the following:

Account holders name _____
 Credit card _____ Credit card number _____
 Savings account Current account Transmission account Other
 Account number _____
 Bank code _____ Branch name _____
 (Please attach a cancelled, blank or used cheque)

Statement of property lost, stolen or damaged

NB: Claims in respect of damage to buildings must be accompanied by a builders estimate

Attach quotes for items to be replaced

Quantity	Description of property	Date aquired	Value	Deduction for wear or tear, depreciation or value of salvage	Amount claimed

Declaration

I/we solemnly declare that the above particulars are true in every respect.

Signature of insured _____ Capacity _____ Date _____