

P O Box 4079  
Edenvale  
1610  
DATE:

## PROPERTY LOSS/DAMAGE CLAIM FORM



Email Completed Form  
claims@paradigmrisk.co.za

### General

Policy no.	<input type="text"/>	Broker	<input type="text"/>	
Insured	<input type="text"/>	Initials	<input type="text"/>	<input type="text"/>
I.D No.	<input type="text"/>	VAT Reg No.	<input type="text"/>	
Contact Name	<input type="text"/>	Tel No. (W)	<input type="text"/>	
Address	<input type="text"/>	Cell No. (W)	<input type="text"/>	
	<input type="text"/>	Occupation	<input type="text"/>	

### Loss

Date of loss	<input type="text"/>	Place of loss	<input type="text"/>
Time of loss	<input type="text"/>		

### Premises

Address

Were the premises occupied?  Y  N 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 no.

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)

### Cause of loss/damage

Have you previously suffered a loss/damage?  Y  N

If so, please provide details

Insurer

### Reported to the Police

Y  N

Police Station  Date reported

Reference No.

### Other insurance (covering this loss)

Y  N

Name of Insurer

