PROPERTY LOSS/DAMAGE
Claim Form

claims@paradigmrisk.co.za

General

Policy no.
Insured
I.D No.
Contact Name
Address

Broker
Initials
Title
VAT Reg No.
Tel No. (W)
Cell No. (W)
Occupation

Loss

Date of loss
Time of loss

Place of loss

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

Banking details

We recommend that payments be made directly to insured's account to avoid fraud and delays

Method of payment Deposit to bank account Cheque

If payment is made to bank account, please complete the following:

Name of account holder

Savings Account Current Account Transmission Account Other

Credit Card Credit Card No.

Account number Branch code

Name of Branch

Please attach cancelled or used cheque for verification

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 solemly declare that the above particulars are true in every respect.

Signature of insured: _____ Capacity: _____ Date: _____