PROPERTY LOSS/DAMAGE CLAIM FORM





						Insurer					
Policy No Insurance Company's Name											
						Insured					
Contact person Policy Holder:	Name					E-mail Ad VAT No. (Policies o	Company				
	ID No.					Tel No.	W				
	E-mail Address						Cell		 		
	Physical Address					-			Code	2	
				Los	ss/daı	mage occur	rence				
Date of loss/damage			Time of loss/damage								
When was the loss/damage dis	scovered?										
Address where the loss/damage occurred											
Were premises	occupied?	Yes	0	No	•	If yes, by	whom?				
If not, when las	t was it occi	upied?									
Describe fully he occurred. (if app was gained to p	plicable, sta		ntry								
Was burglar ala	rm activated	d?									
If loss/damage party, name and	-	nother									
					Pre	vious losse	S				
Have you previously suffered a loss/damage? Yes No N/A											
If so, give detai	ls										
If insured, provi	ide name of	 Insurer									

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Police										
Police station reported to			Case number/date reported							
Other insurance										
Is there an insurance loss/dama	covering this		If so,	give name of Insurer _						
I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstance described above.										
Signature	of Insured			Date (DD/MM/YYYY)						
Capacity				_						
No.	Description – ma	ake and model	Serial number	Date/year acquired	Amount claimed					
					-					
					-					
				<u> </u>						

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(Please state N/A for questions that are not applicable to you)

