

PROPERTY LOSS/DAMAGE CLAIM FORM
(Please state N/A for questions that are not applicable to you)

Insurer

Policy No. _____ Insurance Company's Name _____

Insured

Contact person _____ E-mail Address _____
Policy Holder: Name _____ VAT No. (Company Policies only) _____
ID No. _____ Tel No. W _____
E-mail Address _____ Cell _____
Physical Address _____ Code _____

Loss/damage occurrence

Date of loss/damage _____ Time of loss/damage _____
When was the loss/damage discovered? _____

Address where the loss/damage occurred _____

Were premises occupied? Yes No If yes, by whom? _____

If not, when last was it occupied? _____

Describe fully how loss/damage occurred. (if applicable, state how entry was gained to premises) _____

Was burglar alarm activated? _____

If loss/damage caused by another party, name and address _____

Previous losses

Have you previously suffered a loss/damage? Yes No N/A

If so, give details _____

If insured, provide name of Insurer _____

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