

PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

sasfin HRS
Short-term Insurance

Insurer

Insurer _____ Policy number _____ VAT Reg No. _____

Insured

Name _____ Occupation _____
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? _____
Purpose of occupation _____ If not, when last was it occupied? _____
Describe fully how loss/damage occurred. (if applicable, state how entry was gained to premises) _____
If loss/damage caused by another party, name and address _____

Previous loss/damage

Have you previously suffered a loss/damage? Yes No N/A
If so, give details _____
If insured, provide name of Insurer _____

Police

Police station reported to _____ Case number _____
Date reported _____

**PROPERTY LOST, STOLEN OR DAMAGED
CLAIM FORM**



PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

sasfin #HRS
Short-term Insurance

Other interest

Has any other party an interest in the insured property, e.g. Credit Agreement?

If so, give name and interest

Other insurance

Is there any other insurance covering this loss/damage?

If so, give name of Insurer

Estimated value of all the property insured under the policy

R

When last valued?

Payment method

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of Bank

Branch

Name of Account

Account number

Declaration

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 circumstances described above.

Signature of Insured

Date (DD/MM/YYYY)

Capacity
