

PROPERTY LOSS CLAIM FORM			
INSURER		BROKER	
POLICY NUMBER		BROKER CONTACT DETAIL	
INSURED	NAME	INSURED CONTACT :	
	OCCUPATION / BUSINESS DESCRIPTION	INSURED TEL / CEL NR.	
	ADDRESS	INSURED EMAIL :	
LOSS DETAIL	Date of Loss :	Time of Loss :	
	When was loss discovered ?		
	Place where loss occurred ?		
DESCRIPTOIN OF CLAIM / LOSS / DAMAGE.	Please describe fully how the Loss and / or Damage occurred. If applicable please state how entry was gained into the premises / buildings.		
If loss / damage was caused by another party please supply Name, Address and Contact Details of that party.			
PREVIOUS LOSS / DAMAGE HISTORY	Have you previously suffered a loss ?		
	If YES, please provide details thereof :		
	If Insured, provide Details :		
POLICE DETAILS	Date Reported	Has any other party an interest in the Insured Property ?	
	Case Number	Name of Party	
	Police Station	Credit Agreement No.	
OTHER INSURANCE	Is there any other Insurance policy covering this Loss / Damage ?		
	If YES, please provide Name of Insurer & Policy Number.		
VALUE AT RISK	Estimated Total Value of ALL the property insured under this policy ?		
	When was this last valued ? Or the value thereof reviewed ?		
DECLARATION			
I / We solemnly declare that I / We have suffered loss of or damage to the property detailed on the following page and that the said property was in my / our possession immediate prior to the the said loss /damage which occurred in the circumstances described above. I /We further declare that the particulars supplied above are true in all respects. I / We hereby waive any right to privacy in any claims information supplied by me/us or on my behalf and consent to such information being disclosed to any other insurance company or its agent. I / We further waive aby rights of privacy and consent to the disclosure of any information relevant to any insurance claim concerning me/us or any insured person/s I/We represent.			
Insured Signature		Date (YYYY / MM / DD )	
Capacity			

**STATEMENT OF PROPERTY LOSS / STOLEN / DAMAGED**

Number of Items	Date Acquired / Purchased (YYYY / MM / DD )	Description of Item	Supplier	Value	Amount Claimed