



## PROPERTY LOSS/ DAMAGE CLAIM FORM:

<b>Insurance company:</b>			
<b>INSURED</b>			
Name:			
Physical Address:			
Contact Number/s:			
I.D. No:		Email Address:	
<b>LOSS DETAILS</b>			
Date and Time of Loss:			
Where did the loss occur?			
When was the loss discovered?			
Were premises occupied at the time?			
If yes, by whom?			
If no, when was it last occupied?			
<b>CAUSE OF LOSS</b>			
Describe fully how the loss or damage occurred, stating how (if applicable) entry was gained to premises:			
<b>PREVIOUS LOSSES</b>			
Have you previously suffered a loss?			
If so, give details:			
Name of Insurer at time:			
<b>POLICE</b>			
Police reference:		Case Ref No:	
Police Station		Date Reported:	
<b>OTHER PARTY</b>			
Does any other party have an interest in the insured property? E.g. Credit Agreement, if so, give name and interest:			
<b>OTHER COVER</b>			
Is there any other insurance covering this loss?			
If so, Give name of insurer:			
<b>DECLARATION</b>			
<p><b>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.</b></p>			

