

## Property Loss or Damage

### Claim Form

#### INSURED DETAILS

Broker	Fax No.
Contact Person	Email

#### POLICYHOLDER DETAILS

Name & Surname / Company Name	
Policy Number	Vat No
ID No	Occupation
Residential Address	
Postal Address	
Landline No	Mobile No

#### EVENT DETAILS

Date of Loss	Time of Loss
Date/Time Discovered	
Address where the loss occurred	
<p>Were the premises occupied at time of loss? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If not, was the alarm set? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please provide us with a detailed description of event:</p>	
<p>Are you the sole owner of the property subject to the claim? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please give details of other interested parties</p> <p>Is the property subject to claim insured elsewhere? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details of the insurer and policy number</p>	
Police Case Reference No	Police Station
Date reported	

## PAYMENT DETAILS

Bank		
Branch Name and Code		
Account No		
Account Holder		
Type of Account	Current <input type="checkbox"/>	Transmission <input type="checkbox"/> Savings <input type="checkbox"/>
Signature of Account Holder		

## WARRANTY

I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the above particulars and statement are true and complete and contain all information known to me affecting the details of the claim.	
Signature of Policyholder	
Capacity	Date

## CLAIM DETAILS

	Description of Item	Date Acquired	Purchased from	Value	Amount Claimed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					