

## PROPERTY LOST, STOLEN OR DAMAGED CLAIM

<b>Broker/Agent</b>	<b>Policy number</b>	<b>VAT reg. number</b>
<b>Insured</b>	Name and occupation	_____
	Address and daytime phone number	_____
<b>Loss/Damage occurrence</b>	Date and time of loss/damage	_____
	When was the loss/damage discovered	_____
<b>Loss/Damage place</b>	Place where loss/damage occurred	_____
	Were premises occupied	_____
	If so, by whom	_____
	If not occupied, when last occupied	_____
	Purpose of occupation	_____
<b>Cause of loss/damage</b>	Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises	_____
	If loss/damage was caused by another party, give name and address	_____
	Was the alarm activated prior to the loss/damage	_____
	Have you requested the alarm report from your security company	_____
<b>Previous loss/damage</b>	Have you previously suffered loss/damage	_____
	If so, give details	_____
	If insured, provide name of Insurer	_____
<b>Police</b>	Police station	_____
	Police reference number	_____
	Date reported to Police	_____
<b>Other interest</b>	Has any other party an interest in the insured property, e.g. Credit Agreement	_____
	If so, give name and interest	_____
<b>Other insurance</b>	Is there any other insurance covering this loss/damage	_____
	If so, give name of Insurer	_____
	Estimated total value of all the property insured under the policy	R _____
	When last valued	_____
<b>Payment method</b>	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 _____
<b>Declaration</b>	I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.	

Insured's signature \_\_\_\_\_

Capacity \_\_\_\_\_

Date \_\_\_\_\_

