

# PROPERTY LOSS / DAMAGE CLAIM FORM



## INSURER

Insurer

Policy No.

VAT Reg No.

## INSURED

Name

Address

Code

Occupation

Phone

## LOSS / DAMAGE OCCURRENCE

Place where Loss / Damage occurred

Were premises occupied

YES

NO

If YES, by whom

If NO, when last occupied

Purpose of occupation

Date of Loss

day / month / year

## CAUSE OF LOSS / DAMAGE

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

## PREVIOUS LOSS / DAMAGE

Have you previously suffered Loss / Damage

YES

NO

If YES, give details

If insured, provide name of insurer

## POLICE

Police Station

Police Reference No.

Date Reported    d a y / m o n t h / y e a r

## OTHER INTEREST

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

YES

NO

If YES, give name and interest \_\_\_\_\_  
\_\_\_\_\_

## OTHER INSURANCE

Is there any other insurance covering this Loss / Damage

YES

NO

If YES, give name of Insurer \_\_\_\_\_

## VALUE

Estimated total value of all the property insured under the policy

When last valued    d a y / m o n t h / y e a r

## 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 No.

## DECLARATION

I / We hereby 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 circumstance described above.

Insured's Signature

Capacity

Date    d a y / m o n t h / y e a r

