

CLAIM FORM: PROPERTY LOSS / DAMAGE

QUESTIONS		ANSWERS	
Insured	Policy Number		
	Name of Insured		
	Occupation of Insured		
	Address		
	Tel. No.	Home:	Work:
	Police Reference Number and Station		
	Date Reported		
Premises	Date & Time of loss / damage		
	When was loss discovered		
	Address where loss / damage occurred		
	Were premises occupied & by whom		
	If not occupied, when last occupied		
	Purpose of occupation		
		Describe fully how the loss or damage occurred & if applicable how entry was gained to the premises	
General	Was Burglar Alarm activated?	YES	NO
	If Loss / damage was caused by another party, Give name & address		
	Have you previously suffered loss / damage	YES	NO
	If Yes, give name of insurer		
	Any other party interest in the property?	YES	NO
	If Yes, give name and interest		
Value	Estimated Total value of all property insured		
	When last valued?		
Other Insurance	Is there any other insurance covering loss / damage?	YES	NO
	If so, give name of Insurer		

Authority of payment
INSURED'S BANKING DETAILS

It is recommended that if any amount is payable directly to you, it be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please complete and provide the following information

Name of Bank

Account No.

Account Type

Branch & Code No.

Name of account Holder

Declaration

Insured Signature

I / We hereby declare that the above and foregoing particulars to be true in every aspect

I / We have suffered loss of or damage to the property enumerated on page 3 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.

Capacity: _____

Date: _____

