

PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

INSURER	POLICY NUMBER		VAT REG NUMBER				
INSURED	Name and occupation Address and phone number						
LOSS/DAMAGE OCCURRENCE	Date and time of loss/damage When was the loss/damage discovered?						
LOSS/DAMAGE PLACE	Place where loss/damage occurred Were premises occupied?						
CAUSE OF LOSS/DAMAGE	If so, by whom? If not occupied, when last occupied? Purpose of occupation 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?						
	If so, give details						
	If Insured, provide name of Insurer						
POLICE	Police station						
	Police Reference Number						
	Date reported to Police						
OTHER INTEREST	Has any other party an interest in the insured property, e.g. Credit Agreement?						
	If so, give name and interest						
OTHER INSURANCE	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?						
DECLARATION	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.						
Insured's Signature	Capacity		Date				



STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Amount claimed
				R	R
				R	R
				R	R
				R	R
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