



Property Loss/Damage Claim Form

(Please state N/A to questions that are not applicable to you)



Insurer	Insurance Company's Name			
	Policy Number			
Insured	Contact Person			
	Email Address			
	Policy Holders Name			
	VAT Number (Company Policies Only)			
	Physical Address			
	ID Number			
	Telephone Numbers	Cell Number		Bus. Number
Loss/Damage Occurrence	Date & time of loss/damage			
	When was the loss/damage discovered?			
	Address where loss occurred			
	Were premises occupied? By whom?			
	If not occupied, when last occupied?			
	Detailed description of how loss/damage occurred. (if applicable state how entry was gained to premises.)			
	Was burglar alarm activated?			
	If loss/damage caused by another party - name & address.			
Previous losses	Have you previously suffered a loss/damage?			
	If so, give details			
	If insured, provide name of Insurer			
Police	Police station reported to			
	Case Number		Date Reported	
Other Insurance	Is there any other insurance covering this loss/damage?			
	If so give name of Insurer			

I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated below and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstance described herein.

Signature of Insured

Capacity

Date

No	Description – MAKE & MODEL	Serial Number	Date/Year Acquired	Amount Claimed