

**PROPERTY LOSS/DAMAGE CLAIM FORM**

<b>INSURER</b>		
<b>POLICY NUMBER</b>		
<b>Insured</b>	Name and occupation	
	ID Number	
	Address and (day) telephone number	
<b>Loss/damage occurrence</b>	Date and time of loss/damage	
	When was loss/damage discovered?	
<b>Loss/damage place</b>	Place where loss/damage occurred	
	Were premises occupied? By whom?	
	If not occupied, when last occupied?	
	Purpose of occupation	
<b>Cause of loss/damage</b>	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises	
	If loss/damage was caused by another party, give name and address	
<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 reference number and station and date reported	
<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	
<b>Value</b>	Estimated total value of all the property insured under the policy	
	When last valued?	
<b>Payment method</b>	<p>You may select, for added security, payment of any amount due to you directly into a bank account, if allowed by relevant Insurer. Please specify the name of the bank, branch, account holder and account number.</p> <p>Name of bank <input type="text"/> Branch <input type="text"/></p> <p>Account holder <input type="text"/> Account Number <input type="text"/></p>	
<b>Declaration</b>	<p>I/We solemnly declare that I/we have suffered a loss of or damage to the property enumerated as below Page 2 and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.</p> <p>Insured's signature _____ Capacity _____ Date _____</p>	

