



PROPERTY LOSS / GEYSER CLAIM FORM

INSURER

Insurer:	Broker:
Policy No:	Claim No:

INSURED

Insured:	
Address:	
Tel No:	Mobile No:
Identity No:	Email:

LOSS / DAMAGE DETAILS

Date of Loss:	Time of Loss:	When was Loss/Damage Discovered?
Place where Loss/Damage Occurred?		
Was the Premises Occupied? Yes No		If yes, by whom?
If No, When last Occupied?		Purpose of Occupation?

CAUSE OF LOSS / DAMAGE

Details of how Loss/Damage Occurred:

BANKING DETAILS

Bank:	Branch:
Account No:	Branch No:
Account Type:	Account Name:

DECLARATION: I/We hereby declare that the foregoing particulars including the stated loss are true and correct in every respect.

Signature of Insured:	Capacity:
	Date: