## PROPERTY LOSS CLAIM FORM

## INSURER

| Insurer: | Broker: |
| :--- | :--- |
| Policy No: | Claim No: |

INSURED

| Insured: |  |
| :---: | :---: |
| Address: |  |
| Tel No: + 27 | Mobile No: + 27 |
| Identity No: | Email: |

LOSS / DAMAGE DETAILS

| Date of Loss: $\quad$ Time of Loss: | Date Discovered? |
| :--- | :--- |
| Place where Loss/Damage Occurred? | ? |
| Were the Premises Occupied? Yes $\bigcirc$ No $\bigcirc$ | If yes, by whom? |
| If No, When last Occupied? | Purpose of Occupation? |
| Police Station Reported To: | Police Case No: |

CAUSE OF LOSS / DAMAGE
Details of how Loss/Damage Occurred:

State how entry was gained to premises:
If Loss / Damage caused by another Party give Name \& Address:

Does any other Party have an interest in the Insured Property (eg: Credit Agreement?) Yes $\bigcirc$ No
If Yes, give Name \& Interest:

PROPERTY LOSS / DAMAGE
Have you previously suffered a Loss / Damage? Yes $\bigcirc$ No
If Yes, give details:

If Insured, provide Name of Insurer:
Is there any other Insurance covering this Loss / Damage? Yes $\bigcirc$ No $\bigcirc$
If Yes, give Name of Insurer:

## VALUE

Estimated Value of all Property Insured under the Policy?
When Last Valued?

## BANKING DETAILS

| Bank: | Branch: |
| :--- | :--- |
| Account No: | Branch No: |
| Account Type: | Account Name: |

## DECLARATION:

I/We solemnly declare that I/we have suffered a loss of or damage to the property enumerated on the addendum 'STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED' and that the said property was in my/our possession prior to the said loss/damage which occurred in the circumstances described in this form.

| Signature of Insured: | Capacity: |
| :--- | :--- |
|  | Date: |

ADDENDUM:

## STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

NB: Claims in respect of damage to building must be accompanied by a builders quote. Proof of ownership and replacement quotes for lost or stolen items must be attached

| NO. | DESCRIPTION OF PROPERTY | DATE AQUIRED | FROM WHOM PURCHASED | VALUE | DEDUCTION FOR WEAR AND TEAR OR DEPRECIATED VALUE OF SALVAGE | AMOUNT CLAIMED |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | DD/MM/YYYY |  | R | R | R |
|  |  | DD/MM/YYYY |  | R | R | R |
|  |  | DD/MM/YYYY |  | R | R | R |
|  |  | DD/MM/YYYY |  | R | R | R |
|  |  | DD/MM/YYYY |  | R | R | R |
|  |  | DD/MM/YYYY |  | R | R | R |
|  |  | DD/MM/YYYY |  | R | R | R |
|  |  | DD/MM/YYYY |  | R | R | R |
|  |  | DD/MM/YYYY |  | R | R | R |
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|  |  | DD/MM/YYYY |  | R | R | R |
|  |  | DD/MM/YYYY |  | R | R | R |

submit
NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY IF YOU BECOME AWARE OF ANY IMPENDING PROSECUTION,
Page 3 of 3 INQUEST OR DEMAND

