

PROPERTY LOSS/DAMAGE CLAIM FORM

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| Broker/Insurer Name | | | | | Policy No. | | | | | | Claim No. | | | | | |
| **Insured** | Name and Occupation |  | | | | | | | | | | | | | | |
| Identity Number |  |  |  | |  |  |  |  |  | |  |  |  |  |  |
| Address and (day) telephone number |  | | | | | | | | | | | | | | |
| **Loss/ Damage occurrence** | Date and time of loss/damage |  | | | | | | | | | | | | | | |
| When was loss/damage discovered? |  | | | | | | | | | | | | | | |
| **Loss/damage place** | Place where loss/damage occurred |  | | | | | | | | | | | | | | |
| Were premises occupied?  By whom? |  | | | | | | | | | | | | | | |
| If not occupied, when last  occupied? |  | | | | | | | | | | | | | | |
| Purpose of occupation |  | | | | | | | | | | | | | | |
| **Cause of Loss/damage** | Describe in detail how the loss or damage occurred stating how  (if applicable) entry was gained to premises |  | | | | | | | | | | | | | | |
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| If loss/damage was caused by another party provide name and address |  | | | | | | | | | | | | | | |
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| **Previous**  **Loss/damage** | Have you previously suffered  loss/damage?  If so, give details |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| If insured, provide name of insurer |  | | | | | | | | | | | | | | |
| **Police** | Police reference number and station and date reported |  | | | | | | | | | | | | | | |
|  | Does any other party hold an interest in the insured property, e.g. credit agreement?  If so, give name and interest |  | | | | | | | | | | | | | | |
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|  | Is there any other insurance  covering this loss/damage?  If so, give name of insurer |  | | | | | | | | | | | | | | |
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| **Payment method** | You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of  account and account number.  Name of Bank Branch name  Name of Account  Holder Branch Code:  Type of Account Account No. | | | | | | | | | | | | | | | |
| **Declaration** | I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my/our possession  immediately prior or during the said loss/damage which occurred in the circumstances described above. I confirm that all the questions were completed honestly and fully by  me/us. I understand that the accuracy and effectiveness of this Claim Form is dependent on the quality and accuracy of the information I pr ovide.  Insured’s signature Capacity Date | | | | | | | | | | | | | | | |

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**Other**

**insurance**

**Other**

**interest**



**STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED**

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

**Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance.**

**Please refer to the Consent Clause on the policy schedule for more details in this regard.**

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| **Number** | **Description of property** | **Date acquired** | **From whom purchased or acquired** | **Value** | **Detection for wear and tear**  **or depreciation or value of salvage** | **Amount claimed** |
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