

Property Loss or Damage Claim Form

INSURED	Policy number		Name	
	Identity number		Occupation	
	Contact number			
	Physical address			

INCIDENT DETAILS	Date and time		When discovered	
	Place of incident			
	Premises occupied?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If yes, by whom
	If not, when last	Purpose of occupation		
	Describe fully how loss / damage occurred, stating how (if applicable) entry was gained to premises:			
	If incident was caused by another party provide name and address			
	Name		Address	
	Have you previously suffered loss or damage?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
	If yes, give details			
	If insured, give details			
Reported to police?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Police station	
Name of officer		Case number		

PROPERTY DETAILS	Has any other party an interest in the insured property?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	If yes, give name and interest		
	Is there any other insurance covering this loss/ damage?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	If yes, give name of insurer		
	Value of property		Last valued

DECLARATION	We hereby declare the following particulars to be true in every respect.		
	Signature of driver: _____		Date: _____
	Signature of insured: _____	Capacity: _____	Date: _____
	It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand.		
Any personal injuries noted overleaf must be reported separately to the multilateral motor vehicle accident fund without delay.			

Claims in respect of damage to buildings must be accompanied by a builders 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 risk proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED	Number:	Description of property:	Date acquired:	From who acquired:	Value:	Deduction for wear and tear or depreciation or value of salvage:	Amount claimed:	