



Property Loss / Damage Claim Form

Insured details

Broker / Agent:

Policy number:

Insured full name:

Insured occupation:

Address:

Contact number:

Loss / damage occurrence

Date and time:

When discovered:

Loss / damage place

Place of incident:

Was premises occupied?

If yes, by whom?

If not, when last?

Purpose of occupation:

Cause of loss / damage

Describe fully how loss / damage occurred, stating how (if applicable) entry was gained to premises

If loss / damage was caused by another party provide name and address

Previous loss / damage

Have you previously suffered loss / damage? Yes: No:

If yes, give details:

If insured, give details:

Police details

Police station:

Name of officer:

Case number:

Date reported:

Other interests

Has any other party an interest in the insured property?

Yes:

No:

If yes, give name and interest:

Other insurance

Is there any other insurance covering this loss/ damage?

Yes:

No:

If yes, give name of insurer:

Value

Estimated total value of all the property insured under the policy:

When last valued?

Declaration

I / We solemnly declare that I / we have suffered loss of, or damage to the property enumerated on the reverse hereof and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstances described above.

Signature

Date

Capacity

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. - 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.

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