

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:	