

Property Loss / Damage Claim Form

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| INSURER | |
| POLICY NUMBER | |
| INSURED | |
| Company/Insured's Name | |
| Business/Occupation | |
| Address and Contact details: i.e. Tel, Cell and Email Address | |
| Company Registration/ CK No. and VAT No. | |
| Insured's I.D. Number | |
| DETAILS OF LOSS / DAMAGE | |
| Date and time | |
| When was the loss/damage discovered? | |
| Place where loss/damage occurred: | |
| Were premises occupied? If so, by whom? | |
| If not occupied, when last occupied? | |
| Purpose of occupation: | |
| CAUSE OF LOSS/ DAMAGE | |
| Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises | |
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| If loss/damage was caused by another party, state name and address | |
| SAPS DETAILS | |
| Police reference number, station reported to and date reported | |
| OTHER INTEREST | |
| Has any other party had an interest in the insured property? i.e. Credit agreement. If so, state name of party and interest. | |
| OTHER INSURANCE | |
| Is there any other insurance covering this loss/damage? | |
| Name of other Insurer | |
| 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 of Account: | Account Number: |

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| DECLARATION |
| I/we hereby declare that I/we have suffered loss of or damage to the property enumerated on the list attached 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 of Insured: _____ |
| Capacity: _____ |
| Date: _____ |

