



PROPERTY LOSS / DAMAGE CLAIM FORM

All risks, fire, money, contents, theft, building combined, special risks,
Electronic equipment, glass, accidental damage

Office use only

CLAIM NO	
-----------------	--

Agent / Broker

Policy no	Identity no
-----------	-------------

INSURED

Name			
Business address			Code
Telephone	CODE	CODE	CELL
(W) ()	(H) ()		
Occupation			

LOSS/DAMAGE OCCURRENCE

Date and time of loss / damage		When was loss / damage discovered?	
Who discovered the loss?			
Address			Code
Telephone	CODE	CODE	CELL
(W) ()	(H) ()		
Address where loss / damage occurred			Code
Were the premises occupied?		By whom?	
If not occupied, when was it last occupied? Date:		Time	H
Describe in detail how the loss / damage occurred			
State how (if applicable) entry was gained to the premises			
Describe the nature of the precautionary measures to be taken to prevent such losses in future			
If loss / damage was caused by another party, state the following:			
Name			
Business address			Code
Telephone	CODE	CODE	CELL
(W) ()	(H) ()		
Police reference no	Police station	Date reported	

PREVIOUS LOSS / DAMAGE

Have you suffered any loss / damage before?

If so, supply details

If you were insured, supply name of insurer

Policy no

Telephone

CODE

()

OTHER INTEREST

Does any other party have interest in the insured property, eg credit agreement?

If so, state name and interest

VALUE

What is your estimate of the total value of the property insured under the policy (with the exclusion of motor vehicles)?

When was it last valued?

By whom?

OTHER INSURANCE

Is there any other insurance covering this loss / damage?

If so, state name of insurer

Policy no

Telephone

CODE

()

DECLARATION

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent.

I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under the policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with his know knowledge or consent to obtain any benefit under his policy or if any event be occasioned by the wilful act or with the connivance of me/us the benefit afforded under this policy in respect of such claim shall be forfeited.

Insured's signature

Date
