PROPERTY LOSS, STOLEN OR DAMAGED FORM

Policy holder details

Insured		Policy Number	
Cell Number		Tel Number	

Broker details

Insured		Policy Number	
Cell Number		Tel Number	

Details of loss / damage

Date of Loss		Time of Loss	
Description of Loss			
Estimated Amount of Loss		If reported to police station, which station?	
		Ref No.	

Previous Loss/Damage

Have you previously suffered a loss/damage?	Yes ◯	No ◯
If so, give name of interest		
If Insured at the time, provide name of insurer		

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Police

Name of officer who recorded details of the accident		Date of Report	
Police Station		Police Ref No.	

Other interest

Have you previously suffered a loss/damage?	Yes ◯	No ◯
Does any other property have an interest in the insured property? (e.g. hire purposes/credit agreement)		
If so give details		

Other insurance

Is there any other insurance covering this loss/damage?	Yes ◯	No ◯
If so give details		

Policy holder details

Estimated total value of all property insured		When last was all property valued?	

NB! Claims in respect of damage to building must be accompanied by a building estimate.

Number	Description	Date Acquired	From whom purchased or acquired	Current replacement value	Deduction of wear an tear of depreciation or value of salvage	Amount Claimed

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Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated ..... / ..... /20 .....

Signed at ..... on this ..... day of .....

Name: ..... Witnessed by: .....

Capacity: ..... Signature: .....