

Property loss/damage claim form

BROKER		
POLICY NUMBER		ID number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Insured	Name and occupation:	
	Address and tel number:	
Loss/damage place	Date and time of loss:	
	When was loss discovered?	
Loss/damage place	Place of occurrence:	
	Were premises occupied?	
	By whom?	
	If not occupied, when last occupied?	
	Purpose of occupation?	
Previous losses	Any previous losses? If so, give detail:	
	Name of previous insurer?	
Police	Police reference number, station name and date reported:	
Estimated total value of all property insured under the policy:		
Has any other party have an interest in the property, e.g credit agreement?		
Is there any other insurance covering this loss? If so provide detail:		

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.

Insured Signature

Capacity

Date

