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PROPERTY LOSS / DAMAGE CLAIM FORM

INSURER		POLICY NUMBER	VAT REG NUMBER
INSURED	Name & Occupation		
	Address & Phone No.		
LOSS / DAMAGE OCCURRENCE	Date and Time of Loss / Damage		
	When was the Loss / Damage discovered?		
LOSS / DAMAGE PLACE	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		
	If Loss / Damage was caused by another party give name and address		
PREVIOUS LOSS / DAMAGE	Have you previously suffered Loss / Damage?		
	If so, give details		
	If Insured, provide name of Insurer		
POLICE	Police Station		
	Police Reference No.		
	Date Reported		
OTHER INTEREST	Has any other party an interest in the insured property, e.g. Credit Agreement?		
	If so, give name and interest		
OTHER INSURANCE	Is there any other insurance covering this Loss / Damage?		
	If so, give name of Insurer		
VALUE	Estimated total value of all the property insured under the policy		
	When last valued?		
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
DECLARATION	I / We solemnly declare the 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.		
	<p>_____</p> <p>_____</p> <p>_____</p>		
	Insured's Signature	Capacity	Date
<p>NOTE! THE INFORMATION YOU HAVE SUPPLIED WITH YOUR POLICY APPLICATION TOGETHER WITH THE INFORMATION ON THIS CLAIM FORM, WILL BE MADE AVAILABLE TO OTHER INSURERS THROUGH THE INFORMATION DATA SHARING SYSTEM ON BEHALF OF THE SOUTH AFRICAN INSURANCE ASSOCIATION.</p>			

PLEASE COMPLETE REVERSE SIDE

