

Insurer		Policy No.		Vat No.	
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INSURED

Full Name					
Address					
				Code	
ID No.			Tel No.		
Occupation / Business					

LOSS / DAMAGE DETAILS

Date of Loss/Damage			Time (hh:mm)		
Place of Loss/Damage					
Were Premises Occupied?		Yes		No	
If Yes , by whom?					
If No , when last occupied?					
Purpose of Occupation					

FOR SALVAGE AND/OR INSPECTION PURPOSES

If the item was damaged – where is the item currently?					
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Contact No.					
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CAUSE OF LOSS / DAMAGE

Describe fully how the loss / damage occurred, by stating how entry was gained to premises (if applicable)

If loss / damage was caused by another party, give name and address

PREVIOUS LOSS / DAMAGE

Have you previously suffered loss / damage?	Yes	No
If Yes , please give details		
Name of Insurer (if insured)		

POLICE

Police Station Reported at	
Police Reference No.	
Date Reported (yyyy/mm/dd)	

OTHER INTEREST

Has any other party an interest in the insured property? <small>(e.g. Credit Agreement)</small>	Yes	No
If Yes , give name & interest		

OTHER INSURANCE

Is there any other insurance or medical aid cover covering this loss / damage?	Yes	No
If Yes , state insurer		

VALUE

Estimate the total value of all the property insured under the policy	
When was the last evaluation?	

PAYMENT METHOD

You may select, for added security, payment of any amount 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 No.

DECLARATION

I / We hereby 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 circumstance described above.

Signature of the Insured	
Capacity	Date (yyyy/mm/dd)

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

No.	Description of Property	Date Acquired	Purchased or Acquired from whom?	Value	Deduction for wear & tear or depreciation or value of salvage	Amount Claimed

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