

## PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

<b>INSURER</b>	<b>POLICY NUMBER</b>	<b>VAT REG NUMBER</b>
<b>INSURED</b>	Name and occupation _____	
	Address and phone number _____	
<b>LOSS/DAMAGE OCCURRENCE</b>	Date and time of loss/damage _____	
	When was the loss/damage discovered? _____	
<b>LOSS/DAMAGE PLACE</b>	Place where loss/damage occurred _____	
	Were premises occupied? _____	
	If so, by whom? _____	
	If not occupied, when last occupied? _____	
	Purpose of occupation _____	
<b>CAUSE OF LOSS/DAMAGE</b>	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 _____	
<b>PREVIOUS LOSS/DAMAGE</b>	Have you previously suffered loss/damage? _____	
	If so, give details _____	
	If Insured, provide name of Insurer _____	
<b>POLICE</b>	Police station _____	
	Police Reference Number _____	
	Date reported to Police _____	
<b>OTHER INTEREST</b>	Has any other party an interest in the insured property, e.g. Credit Agreement? _____	
	If so, give name and interest _____	
<b>OTHER INSURANCE</b>	Is there any other insurance covering this loss/damage? _____	
	If so, give name of Insurer _____	
	Estimated total value of all the property insured under the policy R _____	
	When last valued? _____	
<b>PAYMENT METHOD</b>	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 _____

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