



Loss / Damage Claim Form

A. Broker Details

Broker Name

HP number

Tel

Email

B. Insured

Name of Insured

ID Number

Occupation

Postal Address

Tel

Cell

Email

C. Loss/Damage Occurrence

Date of Loss

Time of Loss

When was Loss/Damage discovered?

D. Loss/Damage Address

Address where Loss/Damage occurred

Where premises occupied? Yes No

By whom?

If not occupied, when last occupied?

Purpose of occupation

E. Cause of Loss/Damage

Describe briefly how the Loss or Damage occurred. (if applicable state how entry was gained to premises)

E. Cause of Loss/Damage

If Loss/Damage caused by another party, give: Name

Address

F. Previous Loss/Damage

Have you previously suffered a Loss/Damage? Yes No

Police station

Police station tel

Case number

If accessories or items stolen, provide full details: (if necessary use separate page)

G. Other Interest

Has any other party an interest in the insured property, e.g. Hire purchase or other Credit Agreement?

Yes

No

If "Yes"

Name

Interest

H. Declaration

I/We solemnly declare that I/We have suffered loss of or damaged 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.

Signature of insured

Date
