

## PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM **INSURER POLICY NUMBER** VAT REG NUMBER INSURED Name and occupation Address and phone number LOSS/DAMAGE Date and time of loss/damage **OCCURRENCE** 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 Number Date reported to Police 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 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 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's Signature Capacity Date

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## STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Amount claimed
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