

PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

INSURER	_____	POLICY NUMBER	_____	VAT REG NUMBER	_____
INSURED	Name and occupation	_____			
	Address and phone number	_____			
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 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	R	_____		
	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	_____	

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
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
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				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R

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 said loss/damage which occurred in the circumstances described above.

Insured's Signature Capacity Date

I, _____ authorise Insurance Zone to share information regarding my/our short term insurance claim with the following person/s:

_____ Full Name	_____ ID Number
_____ Full Name	_____ ID Number
_____ Full Name	_____ ID Number