



PROPERTY LOSS/DAMAGE CLAIM FORM:

INSURED:

Full Name & Surname: _____

ID Number: _____

Policy Number: _____ Claim No: _____

Telephone (w): _____ Telephone (h): _____

Occupation: _____

Address: _____

Area Code: _____

Details of previous loss/damage:

LOSS / DAMAGE OCCURRENCE:

Date and time of loss/damage: _____

When was the loss/damage discovered: _____

Who discovered the loss/damage: _____

Location: _____

Area Code: _____

Was the premises occupied: _____

By whom: _____

If not when was it last occupied: _____

Describe in details how the loss/damage occurred, and how entry was gained:



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Describe the nature of precautionary measures taken to prevent such loss in the future:

If loss/damage was caused by another party, state the following:

Name: _____

Address: _____

Area Code: _____

Telephone (w): _____ Telephone (h): _____

Police Reference No: _____

Police Station: _____

Date Reported: _____

Previous Loss/Damage:

Have you ever suffered any loss/damage before: _____

If so supply details:

If you were insured, indicate the name of insurer: _____

Other Interest:

Does any other party have interest in the insured property, e.g Credit agreement:

If so, state name and interest:

Value:

What is your estimate of the total value of the property insured under the policy:

When was it last valued: _____

By whom: _____

Other Insurance:

Is there any other insurance covering this loss/damage:

If so, state the insurer:

Policy No: _____

Branch: _____

Declaration:

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy afforded under this policy in respect of such claim shall be forfeited.

Signature of Insured _____

Date: _____



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List of property lost, stolen or damaged:

NB: Claims in respect of damage to building must be accompanied by a builder's estimate.

Description of property:

Date acquired:

From whom purchased or acquired:

Value:

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