



PROPERTY LOSS / DAMAGE CLAIM FORM

INSURED	Name and Occupation	
	Address and Contact Tel No.	
DATE OF LOSS	Date and Time of Loss/Damage	
	When was Loss/Damage discovered?	
PLACE OF INCIDENT	Place where Loss/Damage occurred	
	Were premises occupied? By whom?	
	If not occupied when last occupied?	
CAUSE OF INCIDENT	Describe fully how the loss or damage occurred stating how (if possible) entry was gained to the premises.	
	If Loss/Damage caused by another party give name and address.	
POLICE	Police Ref. No. and Station and date reported	
OTHER COVER	Is there any other insurance covering this Loss/Damage	
	If so, give name of Insurer	
STOLEN OR DAMAGED STATEMENT OF PROPERTY LOST,	Description of Property Lost	Amount Claimed
AUTHORITY FOR PAYMENT	BANK : BRANCH & CODE : ACCOUNT NO :	
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 Date / /	