

CLAIM FORM - PROPERTY LOSS/DAMAGE

Policy Number			
Name of Insured			
Physical Address			
Occupation			
Cell			
Email			
Address where the theft/loss/fire/damage occurred			
Date & Time of alleged theft/loss/fire/damage			
By whom was it discovered?			
When?			
When reported to SAPS or Fire Brigade?			
Which Police Station?			
Case Number			
Describe the cause of the loss and the manner in which it occurred			
Was there forcible entry?	YES	NO	
Where the premises inhabited at the time of the loss?	YES	NO	
If Yes, By Whom?			
If No, when were the premises last occupied?			
Please state exactly how the premises were occupied at the time of the loss			
Do you suspect anyone of the theft?			
Are you the sole owner of the property which is the subject of this claim?	YES	NO	
Is the property which is the subject of this claim insured against the loss or damage described above by any other insurance?	YES	NO	
What steps are being taken to prevent a recurrence of the loss?			
Please give details of previous losses			

