

PROPERTY LOSS/DAMAGE CLAIM FORM

| | | |
|------------------------|--|---------------------------|
| BROKER / AGENT | | |
| POLICY NUMBER | | |
| Insured | Name and Occupation | |
| | Address and (day) Telephone 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? By whom? | |
| | If not occupied, when last occupied? | |
| | Purpose of occupation | |
| Cause of loss/damage | Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the 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 reference number and station and date reported | |
| Other interests | 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 | |
| Value | 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 complete details below. | |
| | Name of Bank | Branch Name |
| | Name of Account | Branch Number |
| Type of Account | Account Number | |
| Declaration | I/We solemnly declare that I/we have suffered loss or damage to the property enumerated 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 Signature | Capacity _____ Date _____ |
| | I.D.number | |