



# SCOTTFIN

INSURANCE BROKERS

P.O. BOX 1325  
SCOTTBURGH  
4180

TEL : 039-9782220

FAX : 039-9781123

## 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	<p>You may select, for added security, payment of any amount due to you directly into a bank account. Please complete details below.</p> <table border="1"> <tr> <td>Name of Bank</td> <td></td> <td>Branch Name</td> <td></td> </tr> <tr> <td>Name of Account</td> <td></td> <td>Branch Number</td> <td></td> </tr> <tr> <td>Type of Account</td> <td></td> <td>Account Number</td> <td></td> </tr> </table>		Name of Bank		Branch Name		Name of Account		Branch Number		Type of Account		Account Number	
Name of Bank		Branch Name												
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Declaration	<p>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.</p> <p>Insured Signature _____ Capacity _____ Date _____</p> <p>I.D.number _____</p>													

