



**PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM**

INSURER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VAT REG NUMBER \_\_\_\_\_

**INSURED** Name and occupation \_\_\_\_\_  
Address and phone 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? \_\_\_\_\_  
If so, by whom? \_\_\_\_\_  
If not occupied, when last occupied? \_\_\_\_\_  
Purpose of occupation \_\_\_\_\_

**CAUSE OF LOSS/DAMAGE** Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to 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 station \_\_\_\_\_  
Police Reference Number \_\_\_\_\_  
Date reported to Police \_\_\_\_\_

**OTHER INTEREST** 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 \_\_\_\_\_  
Estimated total value of all the property insured under the policy R \_\_\_\_\_  
When last valued? \_\_\_\_\_

**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 Capacity Date

