

PROPERTY LOSS CLAIM FORM



BROKER INFORMATION

Broker	Contact person
Contact numbers	
Broker claim number	

INSURED INFORMATION

Policy number	Insured
Occupation	Contact Number

DETAILS OF EVENT

Address where loss occurred
Date of Loss
Date/Time Discovered
Estimated value of Loss
Time of Event
Police Station
Police Case Number
Date Reported to Police
Detailed Description of Event

RISK DETAILS

Were the premises occupied at the time of loss? Yes	No
If not, was the alarm set? Yes	No
Are you the sole owner of the property subject to the claim? Yes	No
If no, please give details of other interested parties	

RISK DETAILS

Is the property subject to the claim insured elsewhere? Yes	No
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If yes, please provide details of insurer and policy number

BANKING DETAILS

Bank Name and Branch

Bank Account Name

Bank Account Number

Bank Account Type

DECLARATION

We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:	
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Signature of Policyholder/Proposer:	Date:
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