



South African Personal and  
Corporate Insurance

# PROPERTY LOSS / DAMAGE CLAIM FORM

**INSURER:****BROKER / AGENT:****POLICY NUMBER:****INSURED:**

Name and occupation:

Address and telephone number:

**LOSS / DAMAGE OCCURRENCE:**

Date of loss / damage:

Time of loss / damage:

When was 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 / damage occurred stating how (if applicable) entry was gained to premises:

If loss / damage caused by another party give name and address:

**PREVIOUS LOSS / DAMAGE:**

Have you previously suffered a loss / damage?

If so, give details

If insured, provide name of insurer:

**POLICE:**

Police ref.no, station name and date reported:

**OTHER INTEREST:**

Has any other party an interest in the insured property, eg, Credit agreement:

If so, give name and interest:

**OTHER INSURANCE:**

Is there any other insurance covering loss / damage?

If so, give name of insurer:

**DECLARATION:**

I/We solemnly declare that I/We suffered loss 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\_\_\_\_\_  
DATE