

GENERAL LOSS CLAIM FORM

(To complete the form on computer: Please press tab key to scroll from field to field)

Insured	Name				
	Address				
	Telephone No.		Cell. No.		
	Fax Number			Email.	
				Add.	
	Identity Document No.				
Vat Number (where applicable)					
Loss/Damage Occurrence	Date and Time of Loss/Damage				
	When was Loss/Damage discovered?				
Loss/damage Place	Place where loss/damage occurred				
	(a) Were premises occupied? (b) By Whom?		(b)		
	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 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 Reference No. Station	Police Station	Reference Number	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 this Loss?		
	If so, give name of Insurers		
Value	Estimated total of all the property, insured under the policy		
	When Last Valued?		
Declaration	<p><i>I/we solemnly declare that I/we have suffered loss of 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.</i></p> <p>Insured's Signature ----- Date -----</p> <p>Print Name -----</p>		

<u>Quantity</u>	<u>Description of Property</u>	<u>Date Acquired</u>	<u>Purchase Price</u>	<u>Amount Claimed</u>

PLEASE ATTACH SUPPORTING DOCUMENTATION

“FRAUDULENT CLAIMS WILL BE PROSECUTED”