

PROPERTY LOSS, STOLEN OR DAMAGED FORM


Policyholder Details

Insured		Policy Number	
Cell		Tel Number	

Broker Details

Broker Name		E-mail	
Cell		Tel Number	

Details of Loss / Damage

Date of Loss		Time of Loss	
Description of Loss			
			
Estimated Amount of Loss		If reported to police, state which station	
		Ref.no.	

Previous Loss / Damage

Have you previously suffered a Loss / Damage	Yes	No
If so, give name of interest		
If Insured at time, provide name of Insurer		

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Police



Name of Officer who recorded details of accident		Date of report
Police Station	Police Ref. no.	

Other interest



Does any other party have an interest in the insured property, eg: hire purchase or credit agreement	Yes	No
If so, give details		

Other Insurance

Is there any other insurance covering this loss / damage	Yes	No
If so, give details		

Value

Estimated total value of all property insured	When last was all property valued?
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N.B. Claims in respect of damage to building must be accompanied by a building estimate.



Number	Description	Date Acquired	From Whom Purchased or Acquired	Current Replacement Value	Deduction of Wear and Tear or Depreciation (If applicable) or Value of Salvage	Amount Claimed

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Authority for Payment



Quote		Bank		Branch Code	
Branch Name and Town					
Account Number					
Type of Account (please tick the applicable box)		Current (Cancelled cheque required)		Transmission	Savings
Please indicate the Name of the Account Holder					

It is recommended that any amount payable to you be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please provide the following information:

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated _____ / _____ / 20_____ .

Signed at _____ on this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity: _____ Signature: _____