



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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Table with 7 columns and 7 rows for data entry.

Authority for Payment

Form with fields for Quote, Bank, Branch Code, Branch Name and Town, Account Number, Type of Account, and Account Holder name.

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: \_\_\_\_\_