PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

INSURED Address and phone number Address and phone number LOSS/DAMAGE Date and time of loss/damage OCCURRENCE When was the loss/damage CCURRENCE When was the loss/damage CCURRENCE Vere premises occupied? If so, by whom? If not occupied, when last occupied? Purpose of occupied? Purpose of occupied? If so, by whom? If not occupied, when last occupied? Purpose of occupied of ange CCUSE OF LOSS/DAMAGE Describe fully how the loss/damage CCURENCE If loss/damage CCURENCE If loss/damage CCURENCE If loss/damage was caused by another party, give name and address PREVIOUS LOSS/DAMAGE Have you previously suffered loss/ damage? If loss/damage vacued by another If insured, provide name of insurer PoLICE Police Reference Number Date reported to Police OTHER INTEREST If so, give name and interest If so, give name of insurer If so, give	INSURER	POLICY NUMBER	VAT REG NUMBER
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	PAYMENT METHOD		
Name of Account Account Number		Name of Bank	Branch
		Name of Account	Account Number



STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

Number **Description of property** Date From whom purchased or Value Amount claimed acquired acquired R

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.



DECLARATION

I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to said loss/damage which occurred in the circumstances described above.

Insured's Signature	Capacity	Date
I, with the following person/s:	authorise Insurance Zone	to share information regarding my/our short term insurance clair
Full Name		ID Number
Full Name		ID Number
Full Name		ID Number

