

Insurer		Policy No.		Vat No.	
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INSURED

Full Name					
Address					
			Code		
ID No.			Tel No.		
Occupation / Business					

LOSS / DAMAGE DETAILS

Date of Loss/Damage		Time (hh:mm)			
Place of Loss/Damage					
Were Premises Occupied?		Yes		No	
If Yes , by whom?					
If No , when last occupied?					
Purpose of Occupation					

FOR SALVAGE AND/OR INSPECTION PURPOSES

If the item was damaged – where is the item currently?	
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Contact No.	
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CAUSE OF LOSS / DAMAGE

Describe fully how the loss / damage occurred, by stating how entry was gained to premises (if applicable)

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

PREVIOUS LOSS / DAMAGE

Have you previously suffered loss / damage?	Yes		No	
If Yes , please give details				

Name of Insurer (if insured)	
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POLICE

Police Station Reported at	
Police Reference No.	
Date Reported (yyyy/mm/dd)	

OTHER INTEREST

Has any other party an interest in the insured property? (e.g. Credit Agreement)	Yes		No	
If Yes , give name & interest				

OTHER INSURANCE

Is there any other insurance or medical aid cover covering this loss / damage?	Yes		No	
If Yes , state insurer				

VALUE

Estimate the total value of all the property insured under the policy	
When was the last evaluation?	

DECLARATION

I / We hereby 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 the said loss / damage which occurred in the circumstance described above.			
Signature of the Insured			
Capacity		Date (yyyy/mm/dd)	

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