

Tel:		Fax:	
PROPERTY LOSS/DAMAGE CLAIM FORM			
POLICY NUMBER:			
Insured Name		Occupation	
Address			
Date & time of loss/damage		When was loss discovered	
Place where loss/damage occurred			
Were premises occupied?		By Whom?	
If not occupied, when last occupied?			
Purpose of occupation			
Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises.			
If loss/damage was caused by another party give name and address.			
Have you previously suffered any loss or damage resulting in a claim?			
If so , give details			
If insured at the time, provide name of insurer			
Police reference number and station and date reported			
Has any other party an interest in the insured property e.g. credit agreement?			
If so, give name and interest			
Is there any other insurance covering this loss or damage? If so, name the insurer			
Estimated total value of all the property insured under the policy when last valued			
Payment Details:			
Please note that with regards to all accepted claims, payments made to insured (if applicable) will be deposited into the premium paying account in an effort to stop fraud. If there is a problem with the above statement, please contact your broker to arrange an alternative option.			
<i>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 the said loss/damage which occurred in the circumstances described above.</i>			
Insured's Signature: _____		Date: _____	

