moosa allee insurance brokers c.c.

CK 1986/12675/23

Authorised Financial Service Provider - Licence No. 14514

PROPERTY LOSS / DAMAGE CLAIM FORM

Policy Number:	
Insured: Name and Occupation:	
Address and (day) telephone no.:	
Date & time of loss/damage:	
When was loss/damage 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 loss/damage?	
If so, give details	
If insured, provide name of insurer	

Police case 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/damage?	
If so, give name of insurer	

Estimated total value of all the property	
insured under the policy	
When last valued?	

Payment Details:

Name of Bank:	Branch:
Name of Account:	Account Number:

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

Insured's Signature …… Capacity …….. Date ……..