

PROPERTY LOST, STOLEN OR DAMAGED CLAIM

Broker/Agent	Policy number	VAT reg. number
Insured	Name and occupation _____	_____
	Address and daytime phone number _____	_____
Loss/Damage occurrence	Date and time of loss/damage _____	_____
	When was the loss/damage discovered _____	_____
Loss/Damage place	Place where loss/damage occurred _____	_____
	Were premises occupied _____	_____
	If so, by whom _____	_____
	If not occupied, when last occupied _____	_____
	Purpose of occupation _____	_____
Cause of loss/damage	Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises _____	_____
	If loss/damage was caused by another party, give name and address _____	_____
	Was the alarm activated prior to the loss/damage _____	_____
	Have you requested the alarm report from your security company _____	_____
Previous loss/damage	Have you previously suffered loss/damage _____	_____
	If so, give details _____	_____
	If insured, provide name of Insurer _____	_____
Police	Police station _____	_____
	Police reference number _____	_____
	Date reported to Police _____	_____
Other interest	Has any other party an interest in the insured property, e.g. Credit Agreement _____	_____
	If so, give name and interest _____	_____
Other insurance	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 R _____	_____
	When last valued _____	_____
Payment method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.	
	Name of bank _____	Branch _____
	Name of account _____	Account number _____
Declaration	I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.	

 Insured's signature

 Capacity

 Date

