

# PROPERTY LOSS CLAIM FORM



Policy No:

Insured:

Insured's Contact No:

<b>Loss/Damage Occurance</b>	Date of Loss/Damage: <input type="text"/> Time of Loss/Damage: <input type="text"/> When was Loss/Damage Discovered? <input type="text"/>						
<b>Loss/Damage Address</b>	Address where Loss/Damage Occurred: <input type="text"/> <small>POSTAL CODE</small> <input type="text"/> Was the premises occupied? <input type="checkbox"/> YES <input type="checkbox"/> NO By Whom? <input type="text"/> If not occupied, when last occupied? <input type="text"/> Purpose of occupation: <input type="text"/>						
<b>Cause of Loss/Damage</b>	Describe fully how the Loss or Damage occurred: <input type="text"/> <i>(If applicable state how entry was gained into premises)</i> Was burglar alarm activated? <input type="text"/> If Loss/Damage caused by another party, give name and address: <table border="1" data-bbox="774 1055 1453 1155"> <thead> <tr> <th data-bbox="774 1055 963 1086">NAME</th> <th data-bbox="963 1055 1453 1086">RESIDENTIAL ADDRESS</th> </tr> </thead> <tbody> <tr> <td data-bbox="774 1086 963 1120"></td> <td data-bbox="963 1086 1453 1120"></td> </tr> <tr> <td data-bbox="774 1120 963 1155"></td> <td data-bbox="963 1120 1453 1155"><small>POSTAL CODE</small> <input type="text"/></td> </tr> </tbody> </table>	NAME	RESIDENTIAL ADDRESS				<small>POSTAL CODE</small> <input type="text"/>
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<b>Previous Loss/Damage</b>	Have you previously suffered a Loss/Damage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details: <input type="text"/> If insured, provide name of insurer: <input type="text"/>						
<b>Police</b>	Police Ref. No. and Station: <input type="text"/> Date Reported: <input type="text"/>						
<b>Other Interest</b>	Has any other party an interest in the insured property? (e.g. Hire purchase or other Credit Agreement) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give name and interest: <input type="text"/>						
<b>Value</b>	Estimated total value of all property insured under the policy: <input type="text"/> When was it last valued? <input type="text"/>						
<b>Declaration</b>	I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the attached document and that the said property was in my/our possession immediately prior to the said loss/damage in the circumstances described above.						
<b>Completed By</b>	<table border="1" data-bbox="448 1939 1453 2047"> <tr> <td data-bbox="448 1939 892 2047"></td> <td data-bbox="916 1939 1171 2047"></td> <td data-bbox="1197 1939 1453 2047"></td> </tr> <tr> <td data-bbox="608 2063 708 2085">SIGNATURE</td> <td data-bbox="1018 2063 1070 2085">NAME</td> <td data-bbox="1305 2063 1358 2085">DATE</td> </tr> </table>				SIGNATURE	NAME	DATE
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