



INSURANCE COMPANY

## PROPERTY CLAIM FORM

NB. All questions are to be answered in full and should be true and correct. N/A means Not Applicable.

Claim No.	
Policy No.	
Policy Period	...../...../..... to ...../...../.....

### THE POLICYHOLDER

Name:.....Mr./Mrs./Miss Date of Birth:.....  
 Address:..... Phone:.....  
 Occupation:..... Employer:..... Phone:.....  
 Email Address:.....

### THE PROPERTY

Brief Description of Property: .....  
 Location of Property: .....  
 Sum Insured: .....(Building) .....(Contents)  
 Name and address of any Bank or Company financially interested in the property: .....  
 .....  
 Were the premises occupied at the time of the loss? Yes  No  For what purpose was the property being used?.....  
 Was there unrepaired damage prior to this loss? ..... If yes, please describe: .....  
 .....  
 Has the property previously sustained damage of this nature? Yes  No  If yes, give details: .....  
 .....  
 Is the property covered by any other insurance? Yes  No  If yes, give details: .....  
 .....

### THE LOSS

Date of Loss: ..... Time:..... Nature of Loss:.....  
 .....  
 Location of Loss: .....  
 Were particulars taken by the Police?..... Address of Police Station:.....  
 If theft, was there forcible entry into, or exit from the property? ..... If yes, give details: .....  
 .....  
 Is the property protected by burglar bars or electronic security system? ..... If yes, give details: .....  
 .....  
 Is there an alarm system installed on the property? Yes  No  If yes, was it activated? Yes  No

### ARTICLES LOST OR DAMAGED

Article Lost or Damaged	When and where was it bought?	Price paid for item	Amount claimed





## PROPERTY CLAIM FORM

Claim No.	
Policy No.	
Policy Period	...../...../..... to ...../...../.....

**ADDITIONAL ARTICLES LOST OR DAMAGED**

Article Lost or Damaged	When and where was it bought?	Price paid for item	Amount claimed

N.B. Every letter, claim, writ, summons and process shall be notified or forwarded to the Company immediately on receipt without any admission of liability by you. I/We hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect, and I/we agree that if I/we have made, or in any further declaration the Company may require in respect of the said accident shall make, any false or fraudulent statement, or if found guilty of any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents, shall be forfeited.

I acknowledge that the deductible and outstanding premium have been explained in regard to their impact on the claim.

.....  
**Signature of Insured**

.....  
**Date**

.....  
**Witness (Please print name)**

.....  
**Signature of Witness**