

ALL RISK/ PROPERTY LOSS / DAMAGE				
THE INSURED				
Name Of The Insured		Insurer		
Policy Number		Occupation		
Physical Address		Contact Numbers	Cell	
			Land	
			e-mail	
Address Where The Theft/Loss/Fire/Damage Occurred				
Date & Time Of Alleged Theft/Loss/Fire/Damage Occurred				
By Whom Was It Discovered?				
When?		Date	Time	
When reported to the Police or Fire Brigade?		Date	Time	
Which Police Station				
Case number				
Describe the cause of the loss and the manner in which it occurred				
Was there forcible entry? (not applicable to fire claims)		Yes	No	
Were the premise inhabited at the time of loss				
If yes, by whom If no, when were the premises last occupied?		Date	Name	
Please state exactly how the premises were occupied at the time of the loss				
Do you suspect any one of the theft?		Yes	No	

The issue of this form is not an admission of liability and the insured's attention is drawn to the policy conditions which stipulate that no admission, offer, promise of payment or negotiation shall be made without the written consent of the company.

Are you the sole owner of the property which is the subject of the claim?	Yes	No	
Is the property which is the subject of this claim insured against the loss or damage described above by any other insurance?	Yes	No	
If the building is not insured under this policy, please state the insurer and policy number.	Insurer	Pol. Nr	
What steps are taken to prevent a recurrence of the loss			
PARTICULARS OF THE CLAIM			
Description of Property damaged	Date of purchase	Cost Price	Amount claimed (incl. VAT)

I/We declare the foregoing particulars to be true in every respect and that I/We have not withheld from the Insurer any information within my knowledge connected with the loss.

SIGNATURE

DATE

Note Please submit quotations for replacement/repair of the items claimed.