

PROPERTY CLAIM FORM

Policy Number:		Claim Number:	
Broker/Agent:			

1. INSURED

Name:	
Occupation:	
VAT Registration:	
Contact No.	
Address:	

2. LOSS

Date of loss/damage:	
Time of loss/damage:	
When was loss or damage discovered?	

3. ADDRESS

Address where loss or damage occurred:				
Were the premises occupied?	Y		N	
If Yes, by whom?				
If No, when last occupied?				
Purpose of occupation:				

4. CAUSE OF LOSS OR DAMAGE

Describe fully how the loss or damage occurred:				
How was entry gained into the premises? (if applicable)				
Was alarm activated? (if applicable)	Y		N	
If loss or damage was caused by another party, please give name and address:				



5. PREVIOUS LOSSES

Have you previously suffered loss or damage?	Y		N	
If Yes, please give details:				
If you were insured, please give name of insurer:				

6. POLICE

Police ref. number:	
Police station:	
Date reported:	

7. OTHER INTEREST

Does any other party have an interest in the insured property?	Y		N	
If Yes, please give name:				
If Yes, please give interest:				

8. OTHER INSURANCE

Is there any other insurance covering this loss or damage?	Y		N	
If Y, please give name of insurer:				

9. DECLARATION

I/We solemnly declare that I/we have suffered loss of or damage to the property listed below and that the property was in my/our possession immediately before the loss or damage, which occurred in the circumstances described above.

Date:	
Insured's signature:	



STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

NB: Claims in respect of damage to buildings must be accompanied by a builder's estimate.

NO.	DESCRIPTION	DATE ACQUIRED	WHERE PURCHASED	REPLACEMENT VALUE	AMOUNT CLAIMED



Elite Company. Reg No: 2018/275355/07

UNDERWRITTEN BY:



Elite Risk Acceptances is juristic representative of Old Mutual Insure. All products are underwritten by Old Mutual Insure (FSP 12).