

PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

BROKER/AGENT _____ POLICY NUMBER _____ VAT REG NUMBER _____

INSURED Name and occupation _____
 Address and day 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? _____

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 HTI have 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

