



# PROPERTY CLAIM FORM

## YOUR DETAILS

Name(s) in full (Joint if applicable)	First name/s	Surname
1. Mr/Mrs/Miss/Ms/Other		
2. Mr/Mrs/Miss/Ms/Other		
Policy Number		
Residential Address		
Postal Address (if different from above)		
Telephone – Private	( )	Business
		( )
		Mobile
		( )

Date and Time of Accident or Loss	
Situation of the Loss	
Please explain what happened	

Is there insurance with any other Company relating to this loss?	Yes	No
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If Yes, please give full particulars	

Have you suffered any loss or made any claim within the past 3 years?	Yes	No
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If Yes, please give details	

If burglary loss or theft claim,	
a) To which Police Station was the loss reported	
b) Date reported	
c) Attach Police Acknowledgement form	
d) If loss was from a building or vehicle	

- the windows were secured, the doors locked and the alarm set (If applicable)?	Yes	No
e) Was there damage caused by gaining entry?	Yes	No

If Yes, please provide details	

