

**PROPERTY LOSS OR
DAMAGE CLAIM FORM**

Paybill: 600112

Agency / Broker: _____

Applicable to: Fire, Domestic Package, Burglary, All Risk, Money, Glass and Goods in transit.
The issue of this form is not an admission of liability on the part of the Company. All questions on this form must be answered in full

Insured Details

Name: _____

Postal Address: _____ Code: _____ Town: _____

Age: _____ Years Tel No: _____ Mobile: _____

Occupation: _____

Email: _____

Financer Details (If any): _____

Circumstances

1. Date of loss: _____ Time: _____ AM: PM:

2. Where did the loss or damage occur: _____

3. Describe fully how loss or damage occurred:

4. Is the premises fitted with an alarm? Yes: No: If yes, was it activated? Yes: No:
If not, explain: _____

5. Is the premises guarded? Yes: No: If yes, name of security firm: _____

6. Were the premises occupied? Yes: No: If not, when were they last occupied? _____

7. Are you the owner of the premises: Yes: No: If not, are you responsible for repairs Yes: No:

8. Are there people implicated in the loss: Yes: No:
If yes, give details: _____

9. Is there any other insurance in force providing cover for this loss? Yes: No:
If yes, give particulars including insurer's name: _____

10: Have you ever suffered similar loss or damage? Yes: No:
If yes, give particulars including insurer involved: _____

11. Were police notified Yes: No:

12. If yes, attach the police abstract report: _____

