

PROPERTY LOSS / DAMAGE CLAIM FORM

BROKER:	POLICY NO:
INSURER:	CLAIM NO:

1. INSURED

Name:	Day contact no:
Address:	
Occupation:	Email:

2. LOSS / DAMAGE

Date of loss / damage:	Time of loss / damage:
When was loss / damage discovered?	
Place where loss / damage occurred?	
Were premises occupied? By whom?	
If not occupied, when last occupied?	Purpose of occupation:

3. CAUSE OF LOSS / DAMAGE

Describe fully how the loss or damage occurred stating how (if applicable) entry gained to premises:

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If loss / damage caused by another party give name and address:

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4. PREVIOUS LOSS / DAMAGE

Have you previously suffered a loss / damage?

If so give details:

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If insured, provide name of insurer:

PROPERTY LOSS-DAMAGE CLAIM FORM continued

5. POLICE

Police ref. no:	Police station:
Date reported:	

6. OTHER INTERESTS

Has any other party an interest in the insured property e.g. Credit Agreement? If so, give name and interest:

7. OTHER INSURANCE

Is there any other insurance covering the loss / damage? If so, give name of insurer:

8. VALUE

Estimated total value of all the property insured under the policy:
When last valued?

9. DECLARATION

We solemnly declare that I / we have suffered loss of or damage to property enumerated on the reverse hereof and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstances described above.		
Name:	Capacity:	Date:
Signature:		



SAFRA Member

LLOYD'S CORRESPONDENT

