

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		If Yes, by whom?
	N		
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	
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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		If Yes, please give name:	
	N			
If Yes, please give interest:				

8. OTHER INSURANCE

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

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:	



Elite Company. Reg No: 2018/275355/07

UNDERWRITTEN BY:



OLD MUTUAL
INSURE

OLD MUTUAL INSURE LIMITED,
REGISTRATION NUMBER 1970/006619/06.
A LICENSED FSP AND NON-LIFE INSURER.

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



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