PROPERTY DAMAGE CLAIM FORM

THE INSURED'S DETAILS	
Certificate No:	Broker:
	Broker Ref:
Name:	
Address: Post Code:	Tel No:
Contact Name:	E-Mail
Is the Insured registered as a taxable person for VAT?	Status, eg, fully/partially exempt

DETAILS OF LOSS OR DAMAGE		
Date:	Time: am/pm	Place:
Cause of loss:		
Please describe what happened:		
If applicable/known, the name and address of the person(s) responsible for the damage:		
Has the incident been reported to the police? Crime Reference No:	If yes, please give the address of the police station:	

DETAILS OF THE ITEMS/PROPERTY LOST OR DAMAGED			
Description	**Date Acquired**	**Ownership, eg, Owned/Leased/Other**	**Cost to replace/repair**
Receipts/estimates – please attach/forward		Total value of loss:	
Are there any other insurance policies covering this loss?			
Details of Insurance Company and policy number:			
Extra notes on any of the above:			

DECLARATION: I/We declare that the particulars given on this form are true and complete		
Date:	Signature:	Status of Signatory: