

# 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:	Place:	
	am/pm		
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?		If yes, please give the address of the police station:	
Crime Reference No:			
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:			

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