



PROPERTY CLAIM FORM

THE INSURED

Name of Policyholder:

Home Address:

Work Address:

Occupation:

Contact Numbers

Sum Insured of the Buildings:

Sum Insured of the Contents:

THE EVENT

Date of Incident (dd/mm/yy):

Time of Incident:

Place where incident occurred:

When and by Whom Discovered (dd/mm/yy):

State fully what happened:

Was the police notified? Yes () No ()

If yes, when was the police informed? (dd/mm/yy)

Name of Police Station:

BUILDING

State the value of the building: \$

Are you the owner? Yes () No ()

Give details of any other party having an interest in the property:

If a tenant, are you legally liable under agreement for repairs to the building: Yes () No ()

Was the building occupied at the time of the loss/ damage? Yes () No ()

If no, state the length of it was unoccupied?

BURGLARY/ THEFT (IF APPLICABLE)

Where did the intruder enter the premises?

If premises fitted with an alarm system, was the alarm on and triggered? Yes () No ()



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LIABILITY TO THE PUBLIC (IF APPLICABLE)

Was the incident caused by one of your employees? Yes () No ()

If yes, please advise us of their names, occupation and their length of service to you.

If no, who is responsible for the incident and why?

Was the accident due to any defect in the building? Yes () No ()

If yes, please give details.

If the owner does not occupy the premises, was the incident reported to him? Yes () No (). If so, was it reported in writing Yes () No () or verbally Yes () No (), and when? (dd/mm/yy)

CONTENTS (IF APPLICABLE)

Are you the sole owner of the articles? Yes No

If no, give the name and address of the owner:

Are there other insurances on the articles?

State the total value of contents on your premises at the time of loss: \$

Have you previously made a claim of this nature upon any company?

CLAIMANT DETAILS (IF APPLICABLE)

(1) Name:

Contact Nos.:

Sex: Male () Female ()

Date of Birth (dd/mm/yy):

Attorney-at-Law:

Address:

