

## PROPERTY LOST, STOLEN OR DAMAGED CLAIM

Broker/Agent	_____	Policy number	_____	VAT reg. number	_____
Insured	Name and occupation	_____			
	Address and daytime phone number	_____			
Loss/Damage occurrence	Date and time of loss/damage	_____			
	When was the loss/damage discovered	_____			
Loss/Damage place	Place where loss/damage occurred	_____			
	Were premises occupied	_____			
	If so, by whom	_____			
	If not occupied, when last occupied	_____			
	Purpose of occupation	_____			
Cause of loss/damage	Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises	_____			
	_____	_____			
	If loss/damage was caused by another party, give name and address	_____			
	_____	_____			
	Was the alarm activated prior to the loss/damage	_____			
Previous loss/damage	Have you requested the alarm report from your security company	_____			
	_____	_____			
	Have you previously suffered loss/damage	_____			
If so, give details	_____	_____			
	_____	_____			
	_____	_____			
If insured, provide name of Insurer	_____	_____			
	_____	_____			
	_____	_____			
Police	Police station	_____			
	Police reference number	_____			
	Date reported to Police	_____			
Other interest	Has any other party an interest in the insured property, e.g. Credit Agreement	_____			
	If so, give name and interest	_____			
Other insurance	Is there any other insurance covering this loss/damage	_____			
	If so, give name of Insurer	_____			
	Estimated total value of all the property insured under the policy	R	_____		
	When last valued	_____			
Payment method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.				
	Name of bank	_____	Branch	_____	
	Name of account	_____	Account number	_____	
Declaration	I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.				

Insured's signature \_\_\_\_\_

Capacity \_\_\_\_\_

Date \_\_\_\_\_

