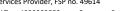


PROPERTY LOSS/ DAMAGE CLAIM FORM:

Insurance company:										
INSURED										
Name:										
Physical Address:										
Contact Number/s:										
I.D. No:					Email Address:					
LOSS DETAILS										
Date and Time of Loss:										
Where did the loss occur?										
When was the loss discovered?										
Were premises occupied at the time?										
If yes, by whom?										
If no, when was it last occupied?										
CAUSE OF LOSS										
Describe fully how the loss										
or damage occurred,										
stating how (if applicable)										
entry was gained to premises:										
premises.										
		l								
			PR	EVIOUS LOSSE	:S					
Have you previously	suffered	l a loss?								
If so, give details:		•								
Name of Insurer at time:										
<u>'</u>										
POLICE										
Police reference:					Case Ref No:					
Police Station					Date Reported:					
OTHER PARTY										
Does any other party have an interest in										
the insured property? E.g. Credit										
Agreement, if so, give name and interest:										
OTHER COVER										
OTHER COVER										
Is there any other insurance covering this loss? If so, Give name of insurer:										
ii 30, Give name of mauret.										
				DECLARATION:						
DECLARATION										







VAT no 4320282553 Company Reg. no 2016/194410/07

I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.

STATEMENT OF PROPERTY LOSS, STOLEN OR DAMAGED:

Description:	Date Acquired:	Place of Purchase:	Replacement Value or Cost of Repair:	Proof of Ownership/ Value (Tick if Attached)
Signature of Insured:		Date	:	