



PROPERTY LOSS/DAMAGE CLAIM FORM

BROKER/AGENT		BAY UNION	
INSURER			
POLICY NUMBER			
Insured	Name and Occupation		
	Address and (day) telephone number		
occurrence, loss/Damage	Date and time of loss/damage		
	When was loss/damage discovered?		
Loss/damage place	Place where loss/damage occurred		
	Were premises occupied? By whom?		
	If no, when last occupied?		
	Purpose of occupation		
Cause of loss/damage	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises		
	If loss/damage was caused by another party give name and address		
Previous loss/damage	Have you previously suffered loss/damage?		
	If so, give details		
	If insured, provide name of insurer		
Police	Police reference number and station and date reported		
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		
Value	Estimated total value of all the property insured under the policy		
	When last valued?		
Payment Method	Name of Bank <input type="text"/>	Branch Name <input type="text"/>	Code: <input type="text"/>
	Name of Account <input type="text"/>	Account Number <input type="text"/>	<input type="text"/>
Declaration	I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.		
	Insured's Signature _____ Capacity _____ Date _____		

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. – Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Number	Description of Property	Date acquired	From whom purchased or acquired	Value	Deduction for wear and tear or depreciation or value of salvage.	Amount claimed