

INSURER	POLICY NUMBER	VAT REG NUMBER			
INSURED	Name and occupation				
	Address and 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				
PREVIOUS LOSS/DAMAGE	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, pays specify the name of the bank, branch, i	ment of any amount due to you directly into a bank account. Please name of account and account number.			
	Name of Bank	Branch			
	Name of Account	Account Number			
DECLARATION	I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated reverse hereof and that the said property was in my/our possession immediately prior to the sa damage which occurred in the circumstances described above.				
Insured's Signature	Capacity				



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	Amount claimed
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
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				R	R
				R	R
				R	R
				R	R