

PROPERTY LOSS CLAIM FORM



Address: P O Box 53038 | Kenilworth | 7745
 Telephone: +27 (0)21 701 0840
 Facsimile: +27 (0)21 701 8078
 Website: www.lsginsurance.co.za

Authorised Financial Service Provider - Licence No. 10598

Policy No:

Insured:

Insured's Contact No:

Loss/Damage Occurrence	Date of Loss/Damage: <input type="text"/> Time of Loss/Damage: <input type="text"/> When was Loss/Damage Discovered? <input type="text"/>						
Loss/Damage Address	Address where Loss/Damage Occurred: <input type="text"/> <div style="text-align: right;"><small>POSTAL CODE</small> <input type="text"/></div> Was the premises occupied? <input type="checkbox"/> YES <input type="checkbox"/> NO By Whom? <input type="text"/> If not occupied, when last occupied? <input type="text"/> Purpose of occupation: <input type="text"/>						
Cause of Loss/Damage	Describe fully how the Loss or Damage occurred: (If applicable state how entry was gained into premises) <input type="text"/> <input type="text"/> <input type="text"/> Was burglar alarm activated? <input type="text"/> If Loss/Damage caused by another party, give name and address: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">NAME</th> <th style="text-align: center;">RESIDENTIAL ADDRESS</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: right;"><small>POSTAL CODE</small> <input type="text"/></td> </tr> </tbody> </table>	NAME	RESIDENTIAL ADDRESS	<input type="text"/>	<input type="text"/>		<small>POSTAL CODE</small> <input type="text"/>
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<input type="text"/>	<input type="text"/>						
	<small>POSTAL CODE</small> <input type="text"/>						
Previous Loss/Damage	Have you previously suffered a Loss/Damage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details: <input type="text"/> If insured, provide name of insurer: <input type="text"/>						
Police	Police Ref. No. and Station: <input type="text"/> Date Reported: <input type="text"/>						
Other Interest	Has any other party an interest in the insured property? (e.g. Hire purchase or other Credit Agreement) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give name and interest: <input type="text"/> <input type="text"/>						
Value	Estimated total value of all property insured under the policy: <input type="text"/> When was it last valued? <input type="text"/>						
Declaration	I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the attached document and that the said property was in my/our possession immediately prior to the said loss/damage in the circumstances described above.						
Completed By	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 40px;"></td> <td style="width: 33%; border: 1px solid black; height: 40px;"></td> <td style="width: 33%; border: 1px solid black; height: 40px;"></td> </tr> <tr> <td style="text-align: center;"><small>SIGNATURE</small></td> <td style="text-align: center;"><small>NAME</small></td> <td style="text-align: center;"><small>DATE</small></td> </tr> </table>				<small>SIGNATURE</small>	<small>NAME</small>	<small>DATE</small>
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