

# PROPERTY LOSS / DAMAGE CLAIM FORM



**Factory & Industrial**  
PROTECTING THE VALUE BUSINESS CREATES

## INSURED

Name of Insured

Physical Address

Code

Postal Address

Code

Policy No.

Vat No.

Business Tel No.

Home Tel No.

## LOSS / DAMAGE OCCURRENCE

Place where Loss / Damage occurred

Were premises occupied

☐ YES

☐ NO

If YES, by whom

If NO, when last occupied

Purpose of occupation

Date of Loss    day / month / year

## 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

☐ YES

☐ NO

If YES, give details

If insured, provide name of insurer

**FACTORY & INDUSTRIAL CLAIMS CONTACT CENTRE: 011 615 1640**

## POLICE

Police Station

Police Reference No.

Date Reported    d a y / m o n t h / y e a r

## OTHER INTEREST

Has any other party an interest in the insured property, e.g. Credit Agreement

☐

YES

☐

NO

If YES, give name and interest

## OTHER INSURANCE

Is there any other insurance covering this Loss / Damage

☐

YES

☐

NO

If YES, give name of Insurer

## VALUE

Estimated total value of all the property insured under the policy

When last valued    d a y / m o n t h / y e a r

## 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 No.

## DECLARATION

I / We hereby 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 circumstance described above.

Insured's Signature

Capacity

Date    d a y / m o n t h / y e a r

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