



Indequity Specialised Insurance Ltd

PROPERTY LOSS / DAMAGE CLAIM FORM

INSURED	Policy number _____		
	Name and surname _____		
	Telephone numbers - during the day () _____ Cell _____		
	Physical Address _____		
	E-mail _____		
	Identity number _____ Occupation _____		
DETAILS OF LOSS/DAMAGE	State the date and time of the loss / damage _____		
	State the date and time the loss / damage was discovered _____		
	State the address where the loss / damage occurred _____		
	Total estimated value of loss _____		
	Police station reported to _____		
	Date reported _____ Case number _____		
	Please provide a detailed description of the event (Should you require additional space, kindly use blank paper and attach it to this form.)		

RISK INFORMATION	Were the premises occupied at the time of the loss? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px;">YES</td><td style="padding: 2px;">NO</td></tr></table>	YES	NO
	YES	NO	
	Is an alarm installed at the premises? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px;">YES</td><td style="padding: 2px;">NO</td></tr></table>	YES	NO
	YES	NO	
	If yes, was the alarm activated? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px;">YES</td><td style="padding: 2px;">NO</td></tr></table>	YES	NO
	YES	NO	
	State how entry was gained to the premises (if applicable) _____		

	Does any other party(ies) have an interest in the insured property? (e.g. credit agreement or hire purchase) <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px;">YES</td><td style="padding: 2px;">NO</td></tr></table>	YES	NO
YES	NO		
If yes, please provide the name of the party(ies) as well as details of the interest _____			
Are you familiar with the party that caused the loss / damage? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px;">YES</td><td style="padding: 2px;">NO</td></tr></table>	YES	NO	
YES	NO		
If yes, please provide the name, identity number and physical address of this party _____			
CLAIMS HISTORY	Does any other insurer cover this loss / damage? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px;">YES</td><td style="padding: 2px;">NO</td></tr></table>	YES	NO
	YES	NO	
	If yes, please provide the name of the insurer as well as the relevant policy number _____		
	Have you previously suffered a property loss / damage? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px;">YES</td><td style="padding: 2px;">NO</td></tr></table>	YES	NO
	YES	NO	
	If yes, please provide details _____		
Were these items insured? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px;">YES</td><td style="padding: 2px;">NO</td></tr></table>	YES	NO	
YES	NO		
If they were insured, please provide the following:			
Name of insured _____			
Name of Insurer _____			
Policy number _____			

PROPERTY LOST, STOLEN OR DAMAGED	No of items	Description of property	Date acquired	Purchased / Acquired from	Value	Deduction of wear and tear	Claimed amount	
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							
	13							
	14							
	15							
	16							
	17							
	18							
	19							
	20							
Total:								

DECLARATION

I/We hereby solemnly declare that I/we have suffered the loss of/damage to the property listed above and that the said property was my/our possession immediately prior to the said loss/damage, which occurred in the circumstances described above. I/We understand that the completion of this form does not bind the Insurer to payment of any claim. I/We further declare that the foregoing information is true in every respect and that I/we have not withheld any information connected with the loss from the insurer.

Signature of insured _____ Capacity _____ Date _____

Please note: It is important that you notify the insurer immediately when you become aware of any pending prosecution, inquest or demand