

| PROPERTY THEFT CLAIM FORM | | | | | | | | |
|--|---|-------------------------|---------------|---------------------------|------------------|----------------------------|----------------|----|
| INSURED | Policy number _____ | | | | | | | |
| | Name and surname _____ | | | | | | | |
| | Telephone numbers - during the day _____ | | | | | | Cell _____ | |
| | Physical address _____ | | | | | | | |
| | E-mail _____ | | | | | | | |
| | Identity number _____ | | | | Occupation _____ | | | |
| DETAILS OF DAMAGE/LOSS | State the date and time of the damage/loss _____ | | | | | | | |
| | State the date and time the damage/loss was discovered _____ | | | | | | | |
| | State the address where the damage/loss occurred _____ | | | | | | | |
| | Total estimated value of loss _____ | | | | | | | |
| | Please provide a detailed description of the event (Should you require additional space, kindly use a blank paper and attach it to this form.) | | | | | | | |
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| | | | | | | | | |
| RISK INFORMATION | Were the premises occupied at the time of the loss? | | | | | | YES | NO |
| | Is an alarm installed at the premises? | | | | | | YES | NO |
| | If yes, was the alarm activated? | | | | | | YES | NO |
| | State how entry was gained to the premises _____ | | | | | | | |
| | Does any other insurer cover this damage/loss? | | | | | | YES | NO |
| If yes, please provide the name of the insurer as well as the relevant policy number _____ | | | | | | | | |
| PROPERTY DAMAGED/LOST/STOLEN | No of items | Description of property | Date acquired | Purchased / Acquired from | Cost | Deduction of wear and tear | Claimed amount | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| | 4 | | | | | | | |
| | 5 | | | | | | | |
| | 6 | | | | | | | |
| | 7 | | | | | | | |

| | No of items | Description of property | Date acquired | Purchased/Acquired from | Cost | Deduction of wear and tear | Claimed amount |
|----|-------------|-------------------------|---------------|-------------------------|------|----------------------------|----------------|
| 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 the 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