

INDEQUITY

SPECIALISED INSURANCE LTD.

- PROPERTY DAMAGE / LOSS CLAIM FORM -

INSURED

Policy number

Name and surname

Contact Numbers: Work

Home

Cell

Physical address

E-mail

ID 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 damage / loss

Please provide a detailed description of the event *(Should you require additional space kindly use blank paper and attach to this form)*

RISK

Does any other insurer cover this damage / loss? YES NO

If yes, provide the name of the insurer

as well as the relevant policy number

PROPERTY DAMAGED / LOSS

	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							
8							
9							
10							

Initial:

INDEQUITY

SPECIALISED INSURANCE LTD.

- PROPERTY DAMAGE / LOSS CLAIM FORM -

	No of items	Description of property	Date acquired	Purchased / Acquired from	Cost	Deduction of wear and tear	Claimed amount
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

I/We understand that the completion of this form does not bind the insurer to payment of any claim.
I/We further understand 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.

DECLARATION

Signature of insured: (Digital or Written if printing form)

Capacity

Date

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

Please sign and send your completed form to:
info@indequity.com