

INDEQUITY

SPECIALISED INSURANCE LTD.

- PROPERTY THEFT 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 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, provide the name of the insurer as well as the relevant policy number

PROPERTY DAMAGED / LOSS / 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							

Initial:

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- PROPERTY THEFT CLAIM FORM -

	No of items	Description of property	Date acquired	Purchased / Acquired from	Cost	Deduction of wear and tear	Claimed amount
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
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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