

**PROPERTY LOST, STOLEN OR DAMAGED CLAIM**

<b>Broker/Agent</b>	<b>Policy number</b>	<b>VAT reg. number</b>
<b>Insured</b>	Name and occupation _____ Address and daytime phone number _____	_____
<b>Loss/Damage occurrence</b>	Date and time of loss/damage _____ When was the loss/damage discovered _____	_____
<b>Loss/Damage place</b>	Place where loss/damage occurred _____ Were premises occupied _____ If so, by whom _____ If not occupied, when last occupied _____ Purpose of occupation _____	_____
<b>Cause of loss/damage</b>	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 _____ Was the alarm activated prior to the loss/damage _____ Have you requested the alarm report from your security company _____	_____
<b>Previous loss/damage</b>	Have you previously suffered loss/damage _____ If so, give details _____ If insured, provide name of Insurer _____	_____
<b>Police</b>	Police station _____ Police reference number _____ Date reported to Police _____	_____
<b>Other interest</b>	Has any other party an interest in the insured property, e.g. Credit Agreement _____ If so, give name and interest _____	_____
<b>Other insurance</b>	Is there any other insurance covering this loss/damage _____ If so, give name of Insurer _____ Estimated total value of all the property insured under the policy R _____ When last valued _____	_____
<b>Payment method</b>	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 number _____
<b>Declaration</b>	I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.	

Insured's signature	Capacity	Date
Please see page 2 where items claimed are to be listed		

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Amount claimed
				R	R
				R	R
				R	R
				R	R
				R	R
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				R	R
				R	R
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