

# PROPERTY LOSS/DAMAGE CLAIM FORM

(DELETE SECTIONS NOT APPLICABLE)



	INSURER			
	POLICY No.		BROKER	THOR INSURANCE BROKERS
INSURED	NAME & OCCUPATION			
	IDENTITY NUMBER			
	ADDRESS & DAY PHONE NO			
DAMAGE	DATE & TIME OF LOSS/DAMAGE			
	WHEN WAS LOSS/DAMAGE DISCOVERED			
PLACE OF LOSS DAMAGE	PLACE WHERE LOSS/DAMAGE OCCURRED			
	WERE PREMISES OCCUPIED BY WHOM			
	IF NOT OCCUPIED WHEN LAST OCCUPIED			
	PURPOSE OF OCCUPATION			
CAUSE OF LOSS/DAMAGE	DESCRIBE FULLY HOW THE LOSS OR DAMAGE OCCURRED STATING HOW (IF APPLICABLE) ENTRY WAS GAINED TO THE PREMISES			
	IF LOSS OR DAMAGE CAUSED BY ANOTHER PARTY GIVE NAME AND ADDRESS			
PREVIOUS LOSS/DAMAGE	HAVE YOU PREVIOUSLY SUFFERED A LOSS OR DAMAGE			
	IF SO GIVE DETAILS			
	IF INSURED PROVIDE NAME OF INSURER			
POLICE	POLICE REFERENCE NO AND STATION AND DATE REPORTED			
OTHER INTEREST	HAS ANY OTHER PARTY AN INTEREST IN THE INSURED PROPERTY e.g. CREDIT AGREEMENT			
	IF SO GIVE NAME AND INTEREST			
OTHER INTEREST	IS THERE ANY OTHER INSURANCE COVERING THIS LOSS OR DAMAGE			
	IF SO GIVE NAME OF INSURER			
VALUATION	ESTIMATED TOTAL VALUE OF ALL PROPERTY INSURED UNDER THE POLICY			
	WHEN LAST VALUED			
BANK DETAILS	NAME OF BANK			
	BRANCH NO / CODE			
	ACCOUNT NUMBER			
	ACCOUNT TYPE			
	ACCOUNT HOLDER			
DECLARATION	<b>I/WE SOLEMNLY DECLARE THAT I/WE HAVE SUFFERED LOSS OF OR DAMAGE TO THE PROPERTY ENUMERATED ON THE REVERSE HEREOF AND THAT THE SAID PROPERTY WAS IN MY/OUR POSSESSION IMMEDIATELY PRIOR TO THE SAID LOSS/DAMAGE WHICH OCCURRED IN THE CIRCUMSTANCES DESCRIBED ABOVE</b>			
	INSURED SIGNATURE _____ CAPACITY _____ DATE _____			

**STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED**

N.B. CLAIMS IN RESPECT OF DAMAGE TO BUILDINGS MUST BE ACCOMPANIED BY A BUILDERS ESTIMATE.

NUMBER	DESCRIPTION OF PROPERTY	DATE ACQUIRED	FROM WHOM PURCHASES OR ACQUIRED	CURRENT REPLACEMENT VALUE	DEDUCTION FOR WEAR AND TEAR OR DEPRECIATION (IF APPLICABLE) OR VALUE OF SALVAGE	AMOUNT CLAIMED