



# PROPERTY LOSS/DAMAGE CLAIM FORM

(DELETE SECTIONS NOT APPLICABLE)

	INSURER		
	POLICY No.		BROKER MAJESTIC FINANCIAL SERVICES
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		
DECLARATION	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		
	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