

Property Loss/Damage Claim Form

Fill in application form

A. Contact Details

Tel Number

Fax Number

E-mail

B. Insured Detail

Policy Number

Name

Occupation

Address

City

Province

zip/Postal code

Country

C. Property Loss/Damage

Date of Loss/Damage

Time of Loss/Damage

When was Loss/Damage discovered?

Place where Loss/Damage occurred

Were premises occupied?

By whom?

If not occupied, when last occupied?

Purpose of occupation

Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises



Fergus McNamara
Chief Executive Officer
fergus@fdmengineering.co.za
www.fdmengineering.co.za

tel: +27 11 823 6368/6295/
6368/3290
+27 76 618 0985

Authorised Financial Services Provider - FSP NO: 20816

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If loss/damage was caused by another party give name and address

Have you previously suffered loss/damage? Yes No

If so, give details

If insured, provide name of insurer

Police reference number

Police Station

Date reported

Has any other party an interest in the insured property e.g. credit agreement? Yes No

If so, give name and interest

Is there any other insurance covering this loss/damage? Yes No

If so, give name of insurer

Estimated total value of all the property insured under the policy

When last valued?

D. Payment Details

Name of Bank

Bank Branch

Name of account

Account Number

E. 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.

Form Completed by

Date

Signature of Insured:

Date