

PROPERTY LOST, STOLEN OR DAMAGED CLAIM

Broker/Agent: _____ Policy number: _____ VAT reg. number: _____

Insured Name and occupation: _____
Address and daytime phone number: _____

Loss/Damage occurrence Date and time of loss/damage: _____
When was the loss/damage discovered? _____

Loss/Damage place Place where loss/damage occurred: _____
Were premises occupied? _____
If so, by whom? _____
If not occupied, when last occupied? _____
Purpose of occupation: _____

Cause of loss/damage 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? _____

Previous loss/damage Have you previously suffered loss/damage? _____
If so, give details: _____
If insured, provide name of Insurer: _____

Police Police station: _____
Police reference number: _____
Date reported to Police: _____

Other interest Has any other party an interest in the insured property, e.g. Credit Agreement? _____
If so, give name and interest: _____

Other insurance 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? _____

Payment method 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: _____

Declaration

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.

Protection of Personal Information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Insured's signature:

Capacity:

Date:

