



Santova

Santova House 88 Mahatma Gandhi Road Durban 4001
 P O Box 6148 Durban 4000
 TEL: 031 374 7200 FAX: 031 374 7201
 FSP License No. 6018

| PROPERTY LOSS / DAMAGE CLAIM FORM | | | | |
|---|--|-------------------------------------|-----------------------|-------|
| Insured | Policy Number | | | |
| | Name | | | |
| | Occupation | | | |
| | Address / Tel | | | |
| | Contact person | | | |
| Loss / Damage Details | Date | Time | Place | |
| | Who discovered the Loss? Name & Address: | | | |
| | Was the Premises occupied? | If "YES", by whom? | | |
| | | If "NO", when was it last occupied? | | |
| | Describe fully how the loss / damage occurred stating how (if applicable) entry was gained to the premises. | | | |
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| | If loss/damage was caused by another party, give name and address. | | | |
| Police Station | | Reference No. | | |
| Previous Loss | Have you previously suffered loss/damage? If so, give details. | | | |
| | | | | |
| Other Parties | If insured, provide name of insurer. | | | |
| | | | | |
| Payment | Has any other party an interest in the insured property? E.g. Credit agreement. If so give details. | | | |
| | | | | |
| Declaration | Is there any other insurance covering this loss / damage? If so, give details of Insurer. | | | |
| | | | | |
| | | | | |
| List of Property Lost, Stolen or Damaged | Please provide your bank details for the electronic payment of any amount that may be settled in cash | | | |
| | Name of Bank: | | Branch Name and Code: | |
| | Name of Account Holder: | | Account Number: | |
| | Description of Property | Date Acquired | From Whom | Value |
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| Declaration | I / We hereby declare the foregoing particulars to be true in every respect and that no information has been withheld. | | | |
| | Signature of Insured _____ Capacity _____ Date _____ | | | |