

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	
Value	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, and provide proof of bank details.	
	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 iTOO Special Risks (Pty) 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.	

Insured's signature
Capacity
Date

