



Insurance Brokers

Renaissance Insurance Brokers CC

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Property Loss / Damage Claim Form

INSURED	Insured			
	Policy No.			
	Contact Person			
	Tel / Email			
LOSS / DAMAGE DETAILS	Date:	Time:	Place:	
	Who Discovered the Loss?			
	Were 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.			
	If loss / damage was caused by another party, give name and contact details.			
	Police Station		Reference No.	
PREVIOUS LOSS	Have you previously suffered loss / damage? If so give details.			
OTHER PARTIES	Has any other party an interest in the insured property? E.g. Finance House. If so, give details.			
	Is there any other insurance covering this loss / damage? If so, give details.			
PAYMENT	Should any amount be due then please provide bank details for payment:			
	Name of Bank:		Branch Name and No.:	
	Name of Account Holder:		Account No.:	
LIST OF PROPERTY LOST, STOLEN OR DAMAGED	Description of property:	Date Acquired:	Value:	
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.			
	<hr style="width: 200px; margin: 0 auto;"/> Signature of Insured	<hr style="width: 200px; margin: 0 auto;"/> Capacity	<hr style="width: 200px; margin: 0 auto;"/> Date	