



Insurance Brokers

Renaissance Insurance Brokers CC
 Suite C, 233 Florida Road,
 Morningside, Durban
 PO Box 2060
 Hillcrest, 3650
 Telephone: 086 111 2778
 Fax: 086 675 5085
 info@renaissanceinsurance.co.za

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. | | | | |
| | _____ | _____ | _____ | | |
| | Signature of Insured | Capacity | Date | | |