



# GARY LEECH INSURANCE BROKERS

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## PROPERTY LOSS/DAMAGE CLAIM FORM

### 1. INSURED INFORMATION

Name :

Contact Tel No :

E-mail :

Address :

### 2. DATE & TIME OF LOSS/DAMAGE

Date and time of loss /damage :

Date when the loss /damage discovered?

### 3. PLACE OF LOSS/DAMAGE

Place where loss/damage occurred :

Where the premises occupied?  YES  NO

If yes – By whom:

If No - State when last was the place occupied:

### 4. CAUSE OF LOSS/DAMAGE

Describe fully how the loss/damage occurring stating how (if applicable) entry was gained to the premises :

Was the loss/damage caused by another party?  YES  NO

If Yes, state name and address :

### 5. POLICE DETAILS

Police Reference Number :

Date Reported:

Station:

### 6. OWNERSHIP DETAILS

Is the Property owned by yourself :  YES  NO

If answered NO, state the name of the owner details & interest in the property :

### 7. PAYMENT METHODS

Name of Account Holder :

Bank:

Branch :

Account Type :

Account Number :

### 7. DECLARATION

I/we solemnly declare that I/we have suffered loss of or damage to the property enumerated and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.

Signature of Insured

Date

## STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

NB – Claims in respect of damage to buildings must be accompanied by a builder’s estimate

NO. OF ITEMS	DESCRIPTION OF PROPERTY	OWNERSHIP DETAILS <small>(Purchased Invoice/Quote)</small>	AMOUNT CLAIMED
			<b>TOTAL AMOUNT:</b>