

Property Loss/Damage Claim For

Participant		Branch	
Broker		Branch	
Policy number		Absa Claim number	
PARTICIPANT	Name and occupation		
	Address and (day) telephone		
LOSS/DAMAGE OCCURRENCE	Date and time of loss/damage		
	When was loss/damage discovered?		
LOSS/DAMAGE PLACE	Place where loss/damage occurred		
	Were premises occupied? By whom?		
	If not occupied when last occupied?		
	Purpose of occupation		
CAUSE OF LOSS/DAMAGE	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises		
	If loss/damage was caused by another party give name and address		
PREVIOUS LOSS/DAMAGE	Have you previously suffered a loss/damage		
	If so, give details		
	If insured provide name of insurer		
POLICE	Police ref no and station and date reported		
OTHER INTEREST	Has any other party an interest in the insured property, eg Credit Agreement		
	If so, give name and interest		
OTHER INSURANCE	Is there any other insurance covering this loss/damage policy?		
	If so, give name of insurer		
VALUE	Estimated total value of all the property insured under the policy		
	When last valued?		
DECLARATION	<p>I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.</p> <p>Insured's signature _____ Capacity _____ Date _____</p>		

