

PROPERTY LOSS CLAIM FORM

Insurer		Policy no.	
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INSURED

Name		Surname	
Occupation		Daytime contact number	
Identity no.		VAT registration no.	
Address			

LOSS/DAMAGE

Date of loss/damage	/	/	Time of loss/damage	
When was loss/damage discovered?				

LOSS/DAMAGE ADDRESS

Address where loss/damage occurred	
Address of person responsible for breakage	
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 (if applicable state how entry was gained to premises)			
Was burglar alarm activated?			
If loss/damage caused by another party, give the name and address			
Have you previously suffered a loss/damage?			
If so, give the details			
If insured, provide name of insurer			

POLICE

Police reference no.			
Station		Date reported	

