

PROPERTY LOST, STOLEN OR DAMAGED CLAIM

Broker/Agent	Policy number	VAT reg. number
Insured	Name and occupation _____	
	Address and daytime phone number _____	
Loss/Damage occurrence	Date and time of loss/damage _____	
	When was the loss/damage discovered _____	
Loss/Damage place	Place where loss/damage occurred _____	
	Were premises occupied _____	
	If so, by whom _____	
	If not occupied, when last occupied _____	
	Purpose of occupation _____	
Cause of loss/damage	Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises _____	
	If loss/damage was caused by another party, give name and address _____	
	Was the alarm activated prior to the loss/damage _____	
	Have you requested the alarm report from your security company _____	
Previous loss/damage	Have you previously suffered loss/damage _____	
	If so, give details _____	
	If insured, provide name of Insurer _____	
Police	Police station _____	
	Police reference number _____	
	Date reported to Police _____	
Other interest	Has any other party an interest in the insured property, e.g. Credit Agreement _____	
	If so, give name and interest _____	
Other insurance	Is there any other insurance covering this loss/damage _____	
	If so, give name of Insurer _____	
	Estimated total value of all the property insured under the policy R _____	
	When last valued _____	
Payment method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.	
	Name of bank _____	Branch _____
	Name of account _____	Account number _____
Declaration	I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.	
Protection of Personal Information	We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.	

Insured's signature _____ Capacity _____ Date _____

