

PROPERTY LOSS OR DAMAGE

Claim Form

INSURED

Name of insured

Policy number

Contact person

Contact phone number

Contact email address

VAT number

INCIDENT

Date of incident

Time of incident

Place of loss

Estimate

Is this incident covered under any other policy of insurance?

YES

NO

POLICE

Place where reported

Date of reporting

Case number (if reported)

LOSSES CAUSED BY OTHER PARTIES

Name

Contact phone number

Contact email address

Address

THEFT/BURGLARY/FOR CIBLE ENTRY

Is there a working alarm at the insured premises where loss or damage took place?

YES

NO

Alarm activation report attached?

YES

NO

Proof of forcible entry (e.g. repair invoice) attached?

YES

NO

Full description of how entry was gained to the property

DESCRIPTION OF EVENTS RESULTING IN LOSS OR DAMAGE

ITEMS CLAIMED

Description of items that are being claimed for

Date replaced

Cost of replacement

Supporting documents
reference (documents
must be attached)

DECLARATION

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Lords Insurance may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Lords may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto.

I understand that I may be liable for output VAT in terms of the VAT Act.

Insured's signature

Capacity

Date