

**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.

Insured's signature \_\_\_\_\_ Capacity \_\_\_\_\_ Date \_\_\_\_\_

