

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
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