



Type of Loss

Fire		Combined		Burglary	
House Holder's		House Owner's		All Risk	

Client Details

Name	
I.D. Number	
Contact Number	
Identification number /Reg No.	

Circumstance of Loss

Address of premises at which the incident occurred.			
By whom was it discovered?			
Date of incident:		Date discovered:	
Date it was reported to the Police / Fire Brigade?		Station Reported:	
Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises.			

<i>Was the loss or damage caused by another party? If yes, please state their details below.</i>			
	Yes		No
Name			
Contact number			
Address			

Were the premises inhabited at the time of the theft / loss / fire / damage?	
If not, when were they last occupied	
Please explain how the premises were occupied at the time of the theft / loss / fire / damage.	
Do you suspect anyone of the theft or loss?	
<i>Are you the sole owner of the property which is the subject of this claim? If no, please provide the details below.</i>	
Name	
Contact Number	

Declarations

<i>I / we hereby declare that the foregoing particulars are correct in every respect</i>			
Signature of insured		Date	