



PROPERTY LOSS CLAIM FORM

Broker:	
Full name of Insured / Legal entity	
Policy number	
ID or Passport No.	
Occupation	
Physical address and code	
Email:	Business tel.:
Home tel:	Mobile tel.:

Details of event

Address where loss occurred	
Date of loss	
Date/time discovered	
Estimated value of loss	
Time of event	
Police station	
Police case number	
Date reported to police	
Detailed description of event	

Risk details

Were the premises occupied at the time of loss?	
If not, was the alarm set?	
Are you the sole owner of the property subject to the claim?	
If 'No', please give details of other interested parties	
Is the property subject to the claim insured elsewhere?	
If 'Yes', please provide details of insurer and policy number	



Banking details

Bank name and branch	
Bank Account name	
Bank account number	
Bank account type	

Declaration

Information Sharing Declaration

It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete.

I/We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:

Signature of Policyholder/Proposer:	Date:
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PROPERTY LOSS CLAIM FORM

(Kindly supply supporting documentation e.g. estimates, replacement invoices etc.)

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Amount claimed