



Property Loss / Damage Report / Claim Form

Claim number (Office use only)

Insured

Policy number

Broker/Agent

Company Name / Surname and Initials

Address and code

Postal address

Business contact number

Home contact number

Occupation

Event

The Event date

The Event time

Discovery date

Discovery time

Place of loss

Address where Loss/Damage occurred

By whom were premises occupied?

If unoccupied when last occupied

Purpose of occupation

Cause of loss

Describe fully how the Loss or damage occurred stating how (if applicable) entry was gained to premises.

HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

Directors D Wilensky (Managing Director), V Hayter (Director), I Chindotana (Director)
Reg. No. 98/032655/07 | VAT No. 4380178113 | An authorised financial services provider, FSP 5072 | Underwritten by Guardrisk Insurance Company Limited
Head Office 27 Harcus Road, Bedfordview, 2008 | Postal P O Box 2253 Bedfordview 2008
Switchboard +27 11 455 5271 | Fax +27 11 450 4307 | info@hicsa.co.za | www.hicsa.co.za

If Loss/Damage caused by another party give name and contact details

Previous loss

Loss/Damage in past three years? Yes No

Date Cause

Date Cause

Date Cause

Insurer's name

Police

Police Station

Date Reported

Case number

Other interest

Name any other party with financial interest in the insured property e.g. H-P, Lease, Bond

If so, give name of Insurer

Other insurance

Is there any other insurance covering this Loss/ Damage?

If so, give name of Insurer

Value

Estimated value of all the property insured under the policy. Buildings/Geboue: Contents/Inhoud

When last valued?

Statement of property lost, stolen or damaged

Number	Description of Property	Date Acquired	From whom purchased / acquired	Value	Amount Claimed

Declaration

I/We Hereby declare the foregoing particulars to be true in every respect.

Date

Capacity

Signature of Insured

