

PROPERTY LOSS OR DAMAGE CLAIM FORM

Insured	Name			
	Policy number			
	e-mail address			
	Contact person			
	Contact number			
	VAT number			
Incident	Date and time of incident		Date:	Time:
	Date and time that incident was discovered		Date:	Time:
	Date and time that incident was reported		Date:	Time:
	Place of loss			
Is this incident covered under any other policy of insurance?		YES	NO	
Police	Place where reported			
	Date of reporting			
	If reported - provide case number			

*** DO NOT REPLY TO ANY CORRESPONDENCE FROM ANY THIRD PARTY**

_____ Initial



Losses caused by other parties	Name	
	Address	
	Contact number	
e-mail		

Description of events resulting in loss or damage	

DO NOT REPLY TO ANY CORRESPONDENCE FROM ANY THIRD PARTY

_____ Initial



Items Claimed	Description	Date replaced	Cost of replacement	Supporting documents reference (the documents have to be attached)

DO NOT REPLY TO ANY CORRESPONDENCE FROM ANY THIRD PARTY

_____ Initial