

## PROPERTY LOSS CLAIM FORM

### Insured information

Policy number	Insured
Contact number	
Occupation	

### 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?	YES	NO	
If not, was the alarm set?	YES	NO	
Are you the sole owner of the property subject to the claim?	YES	NO	
If 'No', please give details of other interested parties.....			
Is the property subject to the claim insured elsewhere?	YES	NO	
If 'Yes', please provide details of insurer and policy number.....			

***Please turn overleaf and complete page 2***

