# PROPERTY LOST, STOLEN OR DAMAGED CLAIM

Broker/Agent _____ Policy number _____ VAT reg. number _____

| | | |
|---|---|---|
| Insured | Name and occupation | |
| | Address and daytime phone number | |
| Loss/Damage occurrence | Date and time of loss/damage | |
| | When was the loss/damage discovered | |
| Loss/Damage place | Place where loss/damage occurred | |
| | Were premises occupied | |
| | If so, by whom | |
| | If not occupied, when last occupied | |
| | Purpose of occupation | |
| Cause of loss/damage | Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises | |
| | If loss/damage was caused by another party, give name and address | |
| | Was the alarm activated prior to the loss/damage | |
| | Have you requested the alarm report from your security company | |
| Previous loss/damage | Have you previously suffered loss/damage | |
| | If so, give details | |
| | If insured, provide name of Insurer | |
| Police | Police station | |
| | Police reference number | |
| | Date reported to Police | |
| Other interest | Has any other party an interest in the insured property, e.g. Credit Agreement | |
| | If so, give name and interest | |
| Other insurance | Is there any other insurance covering this loss/damage | |
| | If so, give name of Insurer | |
| | Estimated total value of all the property insured under the policy | R |
| | When last valued | |

Payment method

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of bank _____ Branch _____

Name of account _____ Account number _____

Declaration

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that Bryte Insurance Company Limited has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Protection of Personal Information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

_____ _____ _____

Insured's signature Capacity Date


Howdie Insurance Administrators (Pty) Ltd (Reg. No. 2006/007917/07) is an authorised Financial Services Provider

## STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

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