JACANA ADMINISTRATORS

PROPERTY LOST, STOLEN OR DAMAGED CLAIM

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

Insured	Name and occupation	
	ID / Company Reg No	
	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 your Insurer 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

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
				R	R
				R	R
				R	R
				R	R
				R	R
				R	R
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				R	R