TETRIS
BUSINESS
SOLUTIONS

# Property Loss / Damage Claim Form

| | | | |
|---|---|---|---|
| **Insured** | | | |
| Name | | | |
| Physical Address | | | |
| Contact Number/s | | | |
| I.D No. / CK No. | | Email Adress | |
| **Loss Details** | | | |
| Date and Time of Loss | | | |
| Where did the loss occur? | | | |
| When was the loss discovered? | | | |
| Were premises occupied at the time? | | | |
| If yes, by whom? | | | |
| If no, when was it last occupied? | | | |
| **Cause of Loss** | | | |
| Describe fully how the loss or damage occurred, stating how (if applicable) entry was gained to premises | | | |
| **Previous Losses** | | | |
| Have you previously suffered a loss? | | | |
| If so, give details | | | |
| Name of Insurer at time | | | |
| **Police** | | | |
| Police reference | | Case Ref. No. | |
| Police Station | | Date Reported | |
| **Other Party** | | | |
| Does any other party have an interest in the insured property? E.g. Credit Agreement, if so, give name and interest | | | |
| **Other Cover** | | | |
| Is there any other insurance covering this loss? | | | |
| If so, give name of Insurer | | | |
| **Declaration** | | | |
| I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the SAID loss/damage which occurred in the circumstances described above. | | | |
| **Statement of Property Loss, Stolen or Damaged** | | | |

| Description | Date Acquired | Place of Purchase | Replacement vale or Cost of Repair | Proof of Ownership/ Value (Tick if Attached) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature of Insured: _____ Date: _____

Designation: _____