

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

Banking details

Bank name and branch
Bank Account name
Bank account number
Bank account type
Identity no. / Company Registration no.

Declaration

Information Sharing Declaration

It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database and used by other insurance companies as explained above. This includes information regarding the renewal or continuation of your policy or any claim that you may submit;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete.

I/We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:

Signature of Policyholder/Proposer:	Date:
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