



# Property Loss/Damage Claim Form



*Cross Country Insurance Consultants CC  
 Registration number: CK 2008/013847/07  
 VAT Number: 4020252203  
 Authorised Financial Services Provider*

<b>Broker/Agent</b>														
<b>Policy Number</b>		I.D. number												
<b>Insured</b>	Name and Occupation													
	Address and Day Tel No.													
<b>Loss/damage occurrence</b>	Date and time of loss/damage													
	When was the loss/damage discovered?													
<b>Loss/damage place</b>	Place where loss/damage occurred													
	Were premises occupied? By whom?													
	If not occupied, when last occupied?													
	Purpose of occupation													
<b>Cause of Loss/damage</b>	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises													
	If loss/damage was caused by another party give name and address													
<b>Previous Loss/damage</b>	Have you previously suffered loss/damage?													
	If so, provide details													
	If insured, provide name of insurer													
<b>Police</b>	Police station, case number and date reported													
<b>Other interest</b>	Has any other party an interest in the insured property e.g. Credit agreement? If so provide name and interest													
<b>Other insurance</b>	Is there any other insurance covering this loss/damage?													
	If so, provide name of insurer													
<b>Value</b>	Estimated total value of all the property insured under the policy													
	When last valued?													
<b>Payment method</b>	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 Acc.						Acc. No.							
<b>Declaration</b>	I/We 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.													
	Insured 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.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Deduction for wear and tear or depreciation or value of salvage	Amount claimed