CONSTANTIA
Insurance Group

PROPERTY LOSS / DAMAGE CLAIM FORM

OFFICE USE ONLY

CLAIM NO	

POLICY NO		IDENTITY NO	

INSURED			
NAME			
RESIDENTIAL ADDRESS			
		CODE	
TELEPHONE	(W) (H)	OCCUPATION	
DETAILS OF PREVIOUS LOSSES/DAMAGE			

LOSS / DAMAGE OCCURRENCE			
DATE AND TIME OF LOSS/DAMAGE		WHEN WAS THE LOSS/DAMAGE DISCOVERED?	
WHO DISCOVERED THE LOSS?		NAME	
ADDRESS			
		CODE	
PLACE WHERE LOSS / DAMAGE OCCURRED			
WERE THE PREMISES OCCUPIED?		BY WHOM?	
IF NOT OCCUPIED. WHEN WAS IT LAST OCCUPIED?			
DESCRIBE IN DETAIL HOW THE LOSS / DAMAGE OCCURRED, AND HOW ENTRY WAS GAINED TO THE PREMISES.			
DESCRIBE THE NATURE OF THE PRECAUTIONARY MEASURES TAKEN TO PREVENT SUCH LOSS IN THE FUTURE.			
IF LOSS / DAMAGE WAS CAUSED BY ANOTHER PARTY, STATE THE FOLLOWING:			
NAME			
RESIDENTIAL ADDRESS			
		CODE	
TELEPHONE	(W) (H)		

POLICE REFERENCE NO		POLICE STATION		DATE REPORTED	

PREVIOUS LOSS / DAMAGE

HAVE YOU SUFFERED ANY LOSS / DAMAGE BEFORE?	
IF SO, SUPPLY DETAILS	
IF YOU WERE INSURED, INDICATE NAME OF INSURER	

OTHER INTEREST

DOES ANY OTHER PARTY HAVE INTEREST IN THE INSURED PROPERTY, e.g. CREDIT AGREEMENT?	
IF SO, STATE NAME AND INTEREST	

VALUE

WHAT IS YOUR ESTIMATE OF THE TOTAL VALUE OF THE PROPERTY INSURED UNDER THE POLICY (WITH THE EXCLUSION OF MOTOR VEHICLES)?			
WHEN WAS IT LAST VALUED?		BY WHOM	

OTHER INSURANCE

IS THERE ANY OTHER INSURANCE COVERING THIS LOSS / DAMAGE?			
IF SO, STATE NAME OF INSURER			
POLICY NO		BRANCH OFFICE	

DECLARATION AND STATEMENT

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims.
In the public interest and with a view to limiting premiums, I/ We hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent.
I/We also waive any rights to privacy and consent to disclosure of any information relevant to any insurance claim concerning me or any person I/We represent.

I/We further declare that all the particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means of devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit unde policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

INSURED'S SIGNATURE

DATE

LIST OF PROPERTY LOST, STOLEN OR DAMAGED

NB: Claims in respect of damage to building must be accompanied by a builder's estimate.

NUMBER	DESCRIPTION OF PROPERTY	DATE ACQUIRED	FROM WHOM PURCHASED OR ACQUIRED	VALUE