

Discovery Insure Property loss or damage claim form



Broker	Name			
Planholder	Plan number			
	Insured's name			
	Description of business			
	Contact details	Business number		
		Cellphone number		
Email address				
Contact person				
Incident	Date and time of loss			
	Date loss was discovered			
	Address where loss occurred			
	Were the premises occupied at the time of the loss?			
	If not, when last were the premises occupied?			
	How did the loss occur?			
	If the loss was caused by other party, provide their name and contact number			
Police station reported to				
SAPS details	Date reported			
	Reported by			
	Case no			
Other interest or insurances	Does any party have an interest in the insured property? for example, the hirer			
	If so, give name and interest			
	Is there any other insurance covering this loss?			
	If so, give name and interest			
Values or estimate of loss	Estimated value of property insured under plan			
	Estimated value of repair or replacement			
Please complete statement of property lost attached to the claim form and submit damage report and quotations				
Declaration	We hereby declare that the above information is true in every respect			
	_____	_____	_____	
	Insured's signature	Date	Capacity	

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

Description	Age	Purchased or acquired from	Date acquired	Purchase amount	Amount claimed