



subban and subban
insurance group

In association with Composite Insurance Solutions

Subban & Subban Insurance Group FSP License No: 31836 in association with Composite Insurance Solutions FSP License No: 12606
 Physical Address: 34 Strathay Road, Westville, 3630 Postal Address: Po Box 160, Hyper by the Sea, 4053
 Telephone: 031 262 0080 Fax: 086 566 6908 Email: reagan@subban.co.za

PROPERTY LOSS / DAMAGE CLAIM FORM

Policy Number:		ID/CK:																		
Insured	Name and Occupation																			
	Address and (day) contact number																			
Loss / damage occurrence	Date and Time of Loss/Damage																			
	When was loss/damage discovered?																			
Loss/damage place	Place where loss/damage occurred																			
	Were premises occupied? By whom?																			
	If not occupied, when last occupied?																			
	Purpose of occupation																			
Cause of loss/damage	Describe fully how the loss/damage occurred stating how (if applicable) entry was gained to premises																			
	If loss/damage was caused by another party give name and address																			
Previous loss/damage	Have you previously suffered loss/damage?																			
	If so, give details																			
	If insured, provide name of insurer																			
Police	Police reference number and station and date reported																			
Other interest	Has any other party an interest in the insured property, e.g. credit agreement?																			
Other insurance	Is there any other insurance covering this loss/damage?																			
	If so, give name of insurer																			
Value	Estimated total value of all the property insured under the policy																			
	When last valued?																			
Payment method	You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please specify the name of the bank, branch, name of account holder and account number.																			
	Name of Bank:		Branch Name and Code:																	
	Account Holder:		Account number:																	
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.																			
	Insured's signature		Capacity					Date												

