



# Property Loss/Damage Claim Form

## Confidential

Insurer	<input type="text"/>	Branch	<input type="text"/>
Adviser	<input type="text"/>	Branch	<input type="text"/>
Policy number	<input type="text"/>	Absa Claim number	<input type="text"/>

Insured	Name and occupation	<input type="text"/>
		<input type="text"/>
Loss/ Damage occurrence	Date and time of loss/damage	<input type="text"/>
	When was loss/damage discovered?	<input type="text"/>
Loss/ Damage place	Place where loss/damage occurred	<input type="text"/>
	Were premises occupied? By whom?	<input type="text"/>
	If not occupied, when last occupied?	<input type="text"/>
	Purpose of occupation	<input type="text"/>
Cause of loss/damage	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises	<input type="text"/>
	If loss/damage was caused by another party, give name and address	<input type="text"/>
Previous loss/damage	Have you previously suffered a loss/damage?	<input type="text"/>
	If so, give details	<input type="text"/>
	If insured, provide name and insurer	<input type="text"/>
Police	Police ref no and station and date reported	<input type="text"/>
Other interest	Has any other party an interest in the insured property e.g. Credit Agreement?	<input type="text"/>
	If so, give name and interest	<input type="text"/>
Other insurance	Is there any other insurance covering this loss/damage policy?	<input type="text"/>
	If so, give name of insurer	<input type="text"/>
Value	Estimated total value of all the property insured under the policy	<input type="text"/>
	When last valued?	<input type="text"/>

*continue overleaf*

## Declaration

I confirm that:

- I have suffered loss of or damage to the property set out on next page of this document.
- The property was in my possession immediately before the loss or damage occurred.

I understand that Absa may need to share information with other people in order to process my claim. I, therefore, agree that Absa may:

- Share my information in this claim form with anyone else. This includes people outside of South Africa.
- Get extra information about this claim from anyone else.
- Keep and process any information in this claim form.
- Transfer this information outside of South Africa.

\_\_\_\_\_  
Insured's signature

\_\_\_\_\_  
Capacity

Date

D	D	M	M	C	C	Y	Y
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