

## PROPERTY LOSS/ DAMAGE CLAIM FORM

VOICELOG (if applicable)			
Voice Log Date			
Voice Log Time			
Telephone Extension			
Incoming/Outgoing Call	<input type="checkbox"/>	Incoming	<input type="checkbox"/>
			Outgoing

INSURED												
Policy Number												
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Surname												
Occupation												
Address												
Phone Number												
Email Address												

LOSS/DAMAGE OCCURENCE	
Date and time of loss/damage	
When was loss/damage discovered?	

LOSS/DAMAGE PLACE		
Place where loss/damage occurred		
Were premises occupied?	<input type="checkbox"/>	YES
	<input type="checkbox"/>	NO
If YES, by whom?		
If not occupied, when last occupied?		
Purpose of occupation		

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**DIRECTORS** JE Bunting (Executive Chairman), S Rajab (Chief Executive Officer),  
MJE Geldenhuys (Chief Financial Officer), PE Jacobs (Director)



## Property loss/damage claim form

Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises		
Was a lightning protection device fitted in case of lightning damage to property contents?	YES	NO
If loss/damage was caused by another party give name and address		
Have you previously suffered a loss/damage (in the past three years)?	YES	NO
If YES, give details		
If insured at that time, provide name of insurer		

<b>POLICE</b>	
Police reference number	
Date reported	
Police Station	

<b>OTHER INTEREST</b>		
Has any other party an interest in the insured property, e.g. credit agreement?	YES	NO
If YES, give name and interest		

<b>OTHER INSURANCE</b>		
Is there any other insurance covering this loss/damage?	YES	NO
If YES, give name of insurer		

<b>DECLARATION</b>	
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 _____	Date _____

Property loss/damage claim form

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Description of property	Date acquired	From whom purchased or acquired	Value