

Property Loss Claim Form / General Claim Form

Return To: claims@ambientbrokers.co.za
Phone: 086 110 1883
Fax: 086 615 0865

Insured Details

Policy Number:			
Client Name:			
Occupation:			
Address:			
Phone No Cell:	Phone No Home:	Phone No Work:	

Loss/Damage Occurrence

Date and Time of Loss/Damage:	
When was Loss Discovered:	

Loss/Damage Address

Address Where Loss/Damage Occurred:	
Were Premises Occupied (Yes/No):	
If Yes, By Whom Were They Occupied:	
If No, When Last Occupied:	
Purpose Of Occupation:	

EMAIL

info@ambientbrokers.co.za

PHONE

0861 101 883

WEB

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Cause Of Loss/Damage

Describe Fully How Loss/Damage
Occurred:

If Loss/Damage Caused By Another
Party, Give Name And Address:

Previous Loss/Damage

Have You Previously Suffered A
Loss/Damage (Yes/No):

If Yes, Give Details:

If Insured At The Time, Provide
Name of Insurer:

Police Details

Police Station reported:

Police Reference Number:

Other Interest

Has Any Other Party An Interest In
The Property (Yes/No):

If Yes, Give Name And Interest:

Other Insurance

Is There Any Other Insurer Covering
This Loss (Yes/No):

If Yes, Give Name Of Insurer:

Policy Number:

Value

Estimated Total Value Of All Property
Insured:

When Was It Last Valuated:

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Declaration

I/We solemnly declare that I/We have suffered loss of/or damage to the property enumerated on the claim form 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 Signature:

Capacity:

Date:

Banking Details

Bank:		Branch:		Branch Code:	
Account Number:		Type of Account:		Name Of Acc Holder:	

Statement Of Property Lost, Stolen Or Damaged

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