



PROPERTY LOSS/DAMAGE CLAIM FORM

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| Policyholder: | |
| Insurer: | |
| Policy Number: | |
| Broker Contact: | |
| Tel No: | |
| Email: | |
| Property Affected: | |
| Property Contact: | |
| Tel No: | |
| Email: | |
| Type of Loss: | |
| Date of Loss: | |
| Description of Incident: | |
| Property Lost/Damaged: | |
| Ests Obtained? | |
| Invoices Available? | |
| Other Information: (including crime reference number and details of police station if applicable) | |