



PROPERTY LOSS / DAMAGE CLAIM FORM

Underwritten/ Administered by: Ins Co Name: Frontline Underwriting Managers Vat No.4180185755 Reg. No. 2004/121693/23

INSURED

POLICY NUMBER
NAME
OCCUPATION
ADDRESS
CONTACT NUMBERS (w) (c) (h) (f)
E-MAIL

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? Yes No If Yes, by Whom?
If not occupied when last occupied? Purpose of Occupation

CAUSE OF LOSS/DAMAGE

Describe fully how Loss/Damage occurred and gain of entry to premises
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 time provide name of Insurer

POLICE

Police Ref. No. Station Date Reported

OTHER INTEREST

Has any other party an interest in the insured property, e.g. Credit Agreement? Yes No
If Yes give name and interest

OTHER INSURANCE

Is there any other insurance covering the broken glass? Yes No
If Yes give name of Insurer

VALUE

Estimated Total value of all the property insured under the policy When last valued

AUTHORITY FOR PAYMENT

It is recommended that any amount payable to you be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this please provide the following information:

BANK NAME
ACC HOLDER
ACCOUNT TYPE
BRANCH CODE
ACC. NUMBER

YOUR SIGNATURE

