

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

PROPERTY LOSS & DAMAGE CLAIM FORM

Insurer

Insurer:	
Policy Number:	

Insured

Name:	
Business Occupation:	
Physical Address:	
Contact Number:	

Details of the Loss/ Damage

Date of Loss / Damage:		Time of Loss / Damage:	
Place Where Loss / Damage occurred:			
When was the Loss / Damage Discovered:			
Were the premises occupied:	YES		NO
If YES, by whom:			
What was the purpose of their occupation:			
If NO, when was the premises last occupied:			
Explain fully exactly how the loss / damage occurred, giving details of how entry to the premises was gained (if applicable):			
Was the loss / damage caused by another party:	YES		NO
If YES, please provide their:	Name		Number
Have you previously suffered loss/damage:	YES		NO
If YES, please provide details:			
If insured please provide the name of the insurer:			
Police Reference Number:			
Police Station:			
Date Reported to the Police:			
Has any other party an interest in the insured property (e.g. credit agreement):	YES		NO

If YES, provide details of their name and their interest:				
Is there any other insurance covering this loss / damage:	YES		NO	
If YES, provide details of the insurer and the insurance:				
Estimated total value of all property insured under the policy:				
When was the property last valued:				

Statement of Lost or Damaged Property

Quantity:	Description of Property:	Date Acquired:	Purchased From:	Purchase Price :	Deduction for Depreciation/ Salvage Value:	Amount Claimed:

Payment Method

Please specify the name of the bank, branch, name of account and account number into which any claim proceeds should be paid.

Name of Bank:		Account Name:	
Type of Account:		Account Number:	
Branch Code:			

NOTE: WHERE BANK ACCOUNT DETAILS DIFFER FROM BANK DETAILS THAT PREMIUMS ARE DEBITED FROM, PROOF OF BANK DETAILS WILL NEED TO BE MADE AVAILABLE.

Declaration

I/ We solemnly declare that these particulars are true, correct, and complete in every respect.

Full Name:		Capacity:	
Identity Number:		VAT Number:	
Company Registration Number:		Date:	
Signature:			