

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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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

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:			