# Loss Report Form

V/6.753\_/v: 0.432

#### Property Damage Insurance

## Policy holder

|  |  |
| --- | --- |
| Policyholder |       |
| Person to contact |  |
| Street |       |
| Postcode / town |       |
| Telephone no. |       | VAT registered | [ ]  Yes | [ ]  No |
| Bank account |  |
| Bank/branch |  |
| Insurer |       |
| Policy number |       |

## Insured event

|  |  |
| --- | --- |
| [ ]  Fire insurance | (Fire, Lightning, Natural Hazards) |
| [ ]  Theft insurance | (Burglary, Robbery) |
| [ ]  Water damage insurance | (Mains water, rain, snow, melt water, flooding or ground water) |
| [ ]  Glass breakage | (Plate or other glass) |
| [ ]  Insurance of valuables | (Damage to or loss or valuables) |
| [ ]  Interruption losses | (as a result of a fire, water or theft loss) |

## Loss occurrence

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |
| Town and street |  |
| Was any official report made of the facts? | [ ]  Yes | [ ]  No |
|  |
| **If so, by whom?** |
|  |
|  |
| **Circumstances of the loss:** |
|  |

Please continue on a separate sheet if necessary.

## Witnesses

|  |  |
| --- | --- |
| Full names |  |
| Tel. nos. |  |
| Address |  |

## Questions relating to fire, water and valuables insurance

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| --- |
| * What recovery measures have already been taken?
 |
|  |
| * Where can the damaged property be inspected?
 |
|  |
| * Is anyone responsible for the loss?
 | [ ]  Yes | [ ]  No |
| Who?:  |
| * Is there any reservation of title or lien in respect of the insured building/property?
 | [ ]  Yes | [ ]  No |
| (If so, in whose favour?)  |
| * Was the fire brigade called or any other assistance called for?
 | [ ]  Yes | [ ]  No |
| (If so, what?)  |
| * Has the loss resulted in an insured interruption of the business?
 | [ ]  Yes | [ ]  No |
| (If so, expected duration?)  |

## Question relating to theft and valuables insurance

|  |
| --- |
| * How did the thief gain access to the loss location?
 |
|  |
| * Was the stolen property under lock and key?
 | [ ]  Yes | [ ]  No |
| (If so, describe the containers)  |
| * Has the loss resulted in an insured interruption of the business?
 | [ ]  Yes | [ ]  No |
| (If so, expected duration?)  |

## Schedule of loss

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qty.** | **Object** | **Date of purchase** | **Purchase price** | **Stolen/** | **Qty.** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

## Is the above property covered by any other insurances?

|  |  |
| --- | --- |
| [ ]  Fire | [ ]  Theft |
| [ ]  Glass breakage | [ ]  Water damage |
| [ ]  Machinery breakdown | [ ]  Construction |
| Company? |  |

## Comments

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|  |

The policyholder authorises the insurance company stated on page 1 to inspect the official records.

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| --- |
| **, 23 December 2013** |
|  |
| The client      |
|  |  |