

Police

Police station, case number	
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Other insurance

Is there any other insurance covering this loss/damage?	
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If so, provide name of insurer	
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Value

Estimated total value of all the property insured under the policy	
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When last valued?	
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Payment method

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of bank		Branch	
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Name of account		Account Number	
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Declaration

I/We declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.

I/We hereby declare the foregoing particulars to be true in every respect.			
	Insured signature	Capacity	Date

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND

