

Are you the sole owner of the property subject to the claim?: Yes No

If no, please give details of other interested parties: _____

Is the property subject to claim insured elsewhere? Yes No

If yes, please provide details of insurer and policy number: _____

Police Case Reference No.: _____

Police Station: _____ Date Reported: _____

PAYMENT DETAILS

Bank: _____ Branch Name and Code: _____

Account No.: _____ Account Holder: _____

Type of Account: Current Transmission Savings

Signature of Account Holder: _____

WARRANTY

I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the above particulars and statements are true and complete and contain all information known to me affecting the details of the claim.

Signature of Policyholder _____ Capacity: _____ Date: _____

