

## PROPERTY LOSS CLAIM FORM

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INSURER	SASRIA / Hollard	POLICY NO.	CPT/EBPMP/000059348		
<b>INSURED</b>	Name				
	Stor-Age Unit Number				
	Address and telephone numbers	Work		Home	
		Cellular		Other	
		Email			
VAT registration no.					
<b>LOSS / DAMAGE OCCURRENCE</b>	Date and time of loss / damage	11/07/2021			
	Address where loss / damage occurred	127 Brackenhill Rd + 1 Nguni Rd , Waterfall , KZN			
	Whom were the premises occupied by?	Stor-Age			
	If not occupied, when were they last occupied	Business Hours			
	Purpose of occupation	Storage Facility			
<b>CAUSE OF LOSS / DAMAGE</b>	Describe fully how the loss or damage occurred (if applicable, state how entry was gained to premises)	Civil Unrest , Riot & Looting			
	Was burglar alarm activated?	N/A			
	If loss / damage caused by another party, give name and address	Various Rioters and Looters			
<b>PREVIOUS LOSS / DAMAGE</b>	Have you previously suffered a loss / damage?	N/A			
	If so, give details	N/A			
	If insured, provide name of Insurer	N/A			
<b>POLICE</b>	Police ref no., station and date reported	CR116/07/2021 Hillcrest			
<b>OTHER INTEREST</b>	Has any other party an interest in the insured property? (e.g. hire purchase or other credit agreement)				
	If so, give name of Interested Party				
<b>OTHER INSURANCES</b>	Is there any other insurance covering this loss / damage?				
	If so, give name of Insurer				
<b>VALUE</b>	Estimated total value of all property insured under the policy	Refer to attached list			
	When last valued?	N/A			

