

PROPERTY LOSS / DAMAGE CLAIM FORM

INSURED	Name & occupation		
	Address & phone number		
LOSS / DAMAGE OCCURRENCE	Date & time of loss / damage		
	When was the loss / damage discovered?		
LOSS / DAMAGE PLACE	Place where loss / damage occurred		
	Were premises occupied?		
	If so, by whom?		
	If not occupied, when last occupied?		
	Purpose of occupation		
CAUSE OF LOSS / DAMAGE	Describe fully how the loss / damage occurred, stating how (if applicable) entry was gained to premises		
	If loss / damage was caused by another party, give name and address		
PREVIOUS LOSS / DAMAGE	Have you previously suffered loss / damage?		
	If so, give details		
	If insured, provide name of insurer		
POLICE	Police station		
	Police reference no.		
	Date reported		
OTHER INTEREST	Has any other party an interest in the insured property, e.g. Credit Agreement?		
	If so, give name and interest		
OTHER INSURANCE	Is there any other insurance covering the broken glass?		
	If so, give name of insurer		
VALUE	Estimated total value of all the property insured under the policy		
	When last valued?		
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 & account number		
	Name of bank	Branch	
	Name of account	Account number	
DECLARATION	I / We solemnly declare that I / We have suffered loss or damage to the property enumerated on the following page (attached) and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstances described above.		
	_____	_____	_____
	Insured's Signature	Capacity	Date

PLEASE ALSO COMPLETE PAGE 2



BOTSWANA
INSURANCE COMPANY

Number	Description of Property	Date Acquired	From whom purchased or acquired	Value	Deduction for wear & tear or depreciation or value of salvage	Amount Claimed