FDM UNDERWRITERS
A DIVISION OF FDM ENGINEERING
UNDERWRITERS (PTY) LTD

Tel:	**Fax:**
e-mail:	

PROPERTY LOSS/DAMAGE CLAIM FORM

POLICY NUMBER:

Insured: Name & occupation	
Address and (day) telephone no.	
Date & time of loss/damage	
When was loss/damage discovered?	
Place where loss/damage occurred	
Were premises occupied?	
By whom?	
If not occupied, when last occupied?	
Purpose of occupation	
Describe fully how the loss or damage	
occurred stating how (if applicable) entry	
was gained to premises	
If loss/damage was caused by another	
party give name and address	
Have you previously suffered	
loss/damage?	
If so , give details	
If insured, provide name of insurer	
Police reference number and station	
and date reported	
Has any other party an interest in the	
insured property e.g. credit agreement?	
If so, give name and interest	
Is there any other insurance covering	
this loss/damage?	
If so, give name of insurer	
Estimated total value of all the property	
insured under the policy	
When last valued?	

Payment Details:

Name of Bank: Branch:

Name of account: Account Number:

I/We solemnly 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.

Insured's Signature: _____ **Date:** _____