ONE

PROPERTY LOSS STOLEN OR DAMAGED CLAIM FORM

POLICYHOLDER DETAILS

Insurer	Mutual and Federal Risk Financing Limited		
Insured		Policy Number	
Cell		Tel Number	

DETAILS OF LOSS/DAMAGE

Date of Loss	
Description of Loss	
Estimated Amount of Loss	

POLICE

Name of Officer who recorded details of accident		Date of report	
Police Station		Police Ref no	

OTHER INTEREST

Has any other party an interest in the insured property, eg: hire purchase or other credit agreement	Yes		No	
If so, give details				

OTHER INSURANCE

Is there any other insurance covering this loss/damage	Yes		No	
If so, give details				

VALUE

Estimated total value of all property insured		When last was all property valued	

N.B. Claims in respect of damage to building must be accompanied by a building estimate

ONE

Number	Description	Date Acquired	From Whom Purchased or Acquired	Current Replacement Value	Deduction for Wear and Tear or Depreciation (If Applicable) or Value of Salvage	Amount Claimed

DECLARATION

I hereby declare that the aforementioned particulars to be true in every respect.

Signed at: _____ Date: _____

Full Name: _____

_____
Signature