



# Property Claim

## 1. Agency details

|                       |            |
|-----------------------|------------|
| 1.1 Agency name:      |            |
| 1.2 Address:          |            |
| 1.3 Contact name:     |            |
| 1.4 Phone:            | 1.5 Email: |
| 1.6 Risk/cost centre: |            |

## 2. Incident details

|   |  |   |
|---|--|---|
| 2.1 Date of incident:   | Time:  | am/pm   |
| 2.2 Address of incident?  |  |   |
| 2.3 Previously reported to us?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, report/claim number:  |
| 2.4 Was it during operational hours?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | 2.5 Was it discovered during a stock take? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2.6 Detailed description of incident:   |  |   |
| 2.7 Description of loss or damage:  |  |   |
| 2.8 Who is, or what was considered to have caused the loss or damage?   |  |   |
| Why?  |  |   |
| 2.9 If you consider any person(s) responsible for the loss or damage, provide details:  |  |   |
| Name:   |  |   |
| Address:  |  |   |
| Phone:  | Email:   |   |
| Insurer:  | Policy Number:   |   |
| Name:   |  |   |
| Address:  |  |   |
| Phone:  | Email:   |   |
| Insurer:  | Policy Number:   |   |
| 2.10 If faulty manufacture or workmanship contributed to the loss or damage, provide details:   |  |   |
| 2.11 Who owns the property? Agency <input type="checkbox"/> Private <input type="checkbox"/> On loan <input type="checkbox"/> Leased <input type="checkbox"/> if leased, include lease contract |  |   |
| 2.12 If private, was the property being used for business related purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |   |

