



Hollard

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HOLLARD INSURANCE BOTSWANA

(REG. NO. 2005/654)

PROPERTY LOSS/DAMAGE CLAIM FORM

BROKER/AGENT

POLICY No.

VAT REGISTRATION NUMBER

Insured	Name and occupation
	Address and (Day) Tel. no.
Loss/damage occurrence	Date and time of loss/damage
	When was loss/damage discovered?
Loss/damage place	Place where loss/damage occurred
	Were premises occupied? By whom?
	If not occupied, when last occupied?
	Purpose of occupation
Cause of loss/damage	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises
	If loss/damage caused by another party give name and address
Previous loss/damage	Have you previously suffered a loss/damage?
	If so, give details
	If insured, provide name of insurer
Police	Police Ref. no. and station and date reported
Other interests	Has any other party an interest in the insured property, eg. Credit Agreement?
	If so, give name and interest
Other insurance	Is there any other insurance covering this loss/damage?
	If so, give name of insurer
Value	Estimated total value of all the property insured under the policy
	When last valued?
Declaration	I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse side 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
	<p>Insured's signature <input type="text"/></p> <p>Capacity <input type="text"/></p> <p>Date <input type="text"/></p>