



SPECTRUM
Since 1976

PROPERTY DAMAGE CLAIM

Insurance Company

Policy number

INSURED

Name

ID No

Phone No

Address

DAMAGE

Date

Time

Place

Details

PREVIOUS LOSS

Have you previously suffered a loss ?

Insurer

Details

OTHER INSURANCE

Is there any other insurance covering this loss ?

Insurer

OTHER INTEREST

Do you have any credit agreements on these items ?

Company

BANKING DETAILS FOR CLAIM PAYMENT

Account holder

Bank Name

Account number

Branch

Branch Code

DECLARATION

I hereby declare that all the details in this document are true and correct.

Insured signature

Date



STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

Item no	Description of Property	Date Acquired	From whom purchased or acquired	Value	Amount claimed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
				TOTAL	