



SPECTRUM
Since 1976

PROPERTY THEFT/LOSS CLAIM

Insurance Company

Policy number

INSURED

Name

ID No

Phone No

Address

THEFT / LOSS

Date

Time

Place

Description of how loss / theft occurred (details of actual items lost / stolen to be entered on next page)

When was loss discovered ?

Were premises occupied ?

If so, by whom ?

If premises not occupied , when last occupied ?

Does the property have a linked alarm ?

Was the alarm activated at the time of loss ?

Security Company Name

PREVIOUS LOSS

Have you previously suffered a loss ?

Details

Insurer

OTHER INSURANCE Is there any other insurance covering this loss ?

Insurer

OTHER INTEREST

Do you have any credit agreements on these items ?

Company

POLICE

Police Case Number

Police Station

Date Reported

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 and that the property was in my possession immediately prior to the described event..

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	