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 interest	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.

Insured's signature _____ Capacity _____ Date _____

SCHEDULE OF PROPERTY DAMAGED, LOST OR STOLEN

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

NUMBER	DESCRIPTION OF PROPERTY	DATE ACQUIRED	FROM WHOM PURCHASED OR ACQUIRED	REPLACEMENT COST	LESS DEPRECIATION	AMOUNT CLAIMED