

## PROPERTY LOSS STOLEN OR DAMAGED CLAIM FORM

### POLICYHOLDER DETAILS

Insurer	Mutual and Federal Risk Financing Limited		
Insured		Policy Number	
Cell		Tel Number	

### BROKER DETAILS

Broker Name		E-mail	
Cell		Tel Number	

### DETAILS OF LOSS /DAMAGE

Date of Loss		Time of Loss:	
Description of Loss			
Estimated Amount of Loss		If reported to police, state which station	
		Ref no	

### PREVIOUS LOSS/DAMAGE

Have you previously suffered a Loss/Damage	Yes	No
If so , give name of interest		
If Insured at time provide name of Insurer		

### POLICE

Name of Officer who recorded details of accident		Date of report	
Police Station		Police Ref no	

### OTHER INTEREST

Has any other party an interest in the insured property, eg: hire purchase or other credit agreement	Yes	No
If so , give details		

**OTHER INSURANCE**

Is there any other insurance covering this loss/ damage	Yes	No
If so , give details		

**VALUE**

Estimated total value of all property insured	When last was all property valued
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**N.B. Claims in respect of damage to building must be accompanied by a building estimate**

Number	Description	Date Acquired	From Whom Purchased or Acquired	Current Replacement Value	Deduction for Wear and Tear or Depreciation ( If Applicable) or Value of Salvage	Amount Claimed

**AUTHORITY FOR PAYMENT**

**It is recommended that any amount payable to you be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this please provide the following information:**

Bank	Branch code		
Branch Name and Town:			
Account Number:			
Type of Account (Please tick the applicable box)	Current (Cheque) (Cancelled cheque required)	Transmission	Savings
Please Indicate Name Of Account Holder			

**Declaration**

**I hereby declare the foregoing particulars to be true in every respect.**

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_  
Signature