



EAGLE SURE
PROPERTY LOSS/DAMAGE CLAIM FORM

INSURED

POLICY NUMBER:

NAME:

OCCUPATION:

ADDRESS:

CONTACT NUMBERS (w) (c)
(h) (f)

E-MAIL

LOSS/DAMAGE OCCURENCE

Date and Time of Loss/Damage

When was Loss/Damage discovered?

LOSS/DAMAGE PLACE

Place where Loss/Damage Occurred

Were premises occupied? Yes No If Yes, by Whom?

If not occupied when last occupied? Purpose of Occupation

CAUSE OF LOSS/DAMAGE

Describe fully how Loss/Damage occurred and gain of entry to premises

If Loss/Damage caused by another party, give name and address

PREVIOUS LOSS/DAMAGE

Have you previously suffered a Loss/Damage? Yes No

If Yes, give details

If Insured at time provide name of Insurer

POLICE

Police Ref. No. Station Date Reported

OTHER INTEREST

Has any other party an interest in the insured property, e.g. Credit Agreement? Yes No

If Yes give name and interest

OTHER INSURANCE

Is there any other insurance covering the broken glass? Yes No

If Yes give name of Insurer

VALUE

Estimated Total value of all the property insured under the policy When last valued

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 NAME

ACC HOLDER

ACCOUNT TYPE

BRANCH CODE

ACC. NUMBER

YOUR SIGNATURE

