



**SPECTRUM**  
Since 1976

# PROPERTY DAMAGE CLAIM

Insurance Company

Policy number

## INSURED

Name

ID No

Phone No

Address

## DAMAGE

Date

Time

Place

Details

Description of property

Date Acquired

Value

From whom purchased or acquired

**(Please complete Statement of property lost / stolen damaged if more than one item )**

## 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