

PROPERTY CLAIM FORM

DATE AND TIME OF DAMAGE/LOSS:		CLAIM NO.:
POLICYHOLDER NAME::		
POLICY NO.:		POLICY DURATION: :
INSURED PROPERTY ADDRESS:		
POLICYHOLDER POSTAL ADDRESS:		
EMAIL ADDRESS:		
CONTACT NUMBERS (HOME, BUSINESS, MOBILE)		

INTRODUCTORY DETAILS SUBMITTED BY POLICYHOLDER: -

1. Sum insured and excess:
2. Previous claims (last 5 years):
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3. Date and Time reported to Gan Direct:
4. Property registered owner:
 - Permanent address:
 - Email address:
 - Contact numbers:
5. Property users:
 - Email address:
 - Contact numbers:
6. Other insurance covering the property:
7. Mortgage or other part owners to the property:

DETAILS OF OCCURRENCE AND CLAIM BY INTERVIEWEE: -

1. Circumstances as to what precisely happened, in every detail:
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2. Circumstances as to what precisely was happening prior to the incident:
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3. Describe precisely the cause of the damage/ loss:
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4. Description of damage / loss claimed in every detail: -

- Description of items per last known value:

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- Other values to the claim:

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- Total amount claimed:

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5. Actions following the incident and by whom:

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6. Details of involvement of any 3rd party person:

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7. Details of any emergency services in attendance:

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DECLARATION: -

I hereby declare and warrant that to the best of my knowledge and belief all statements contained in this Claim Form are absolutely true and that I have not concealed, distorted or misrepresented any fact.

Hence this is a formal claim to Gan Direct with all descriptions and values as I have stated above.

Dated:

Signature of Policyholder:

Full name and ID number:

For official use: -

1. Detailed assessment by Task Force member in attendance, upon above interview, examination of the property and relevant submitted photographs and video: -

(Include opinion, thoughts, suspicions, issues for further investigation, other occupants or witnesses or persons involved that may assist enquiries)

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2. Associate used for immediate repairs and action taken: -

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Dated:

Signature of T/F:

Full name:

Signature of associate:

Full name: